

Dyslexia, the self and higher education: learning life histories of students identified as dyslexic

Volume 1

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Abstract

This thesis is a qualitative study of 32 higher education students from four different UK Universities, ranging in age from 18 to 50, all of whom had been formally identified as dyslexic. It is concerned with the sense of self of these students, as revealed in their learning life histories, investigating ways in which the various influences which have been brought to bear on such students impact on their identity and self-concept, and how this in turn affects their University careers. The strategy used involved extended semi-structured interviews, analysed with the aid of a qualitative research computer program. The thesis offers a descriptive typology whereby a pathway is set out, leading from available models of dyslexia via assessment for it in an individual and his/her educational experiences, through socio-emotional responses to admission to HE and experience thereof. The main finding is that all the students regarded themselves as different from the majority of their peers in specific ways: they adopted a variety of discourses of dyslexia. Twelve informants (37%) saw it as a purely academic matter, focused on a discrepancy between their intelligence and their ability to deal with written and printed English. Nine informants (28%) accepted a medical discourse, seeing themselves as suffering from a neurological condition. Seven informants (21%) were more self-accepting; their image of dyslexia viewed it as a preference for those processes associated with the right hemisphere of the brain, with strengths in visualisation and three-dimensional imagery. A final four (12%) preferred to focus on dyslexia as a political campaign, striving to obtain acknowledgement and change from the academy. Exposure to definitions of dyslexia from a variety of sources have led to these discourses of it, which in turn affect these people's sense of self and identity. Internalisation of such discourses influences their affective and social responses to the label. For those identified before admission to HE, the various discourses are likely to influence their routes to University; once identified after admission, the University experiences of all are modified by the discourse of dyslexia which they adopt. Students who overcome their difficulties often do so by re-framing them, and those informants who

regarded dyslexia as a matter of learning preference (and to some extent those for whom it was a campaign) were showing evidence of success in this. Those who saw dyslexia as a defect or deficit were not doing this, and tended to have poorer self-esteem.

Finally, this thesis proposes that these findings have implications beyond dyslexia. The inclusivity and widening participation agendas are already challenging the academy to revisit the concept of 'graduateness'. Students can be seen as having an intrinsic deficiency or as being in need of academic socialisation. But there is another way of conceptualising both dyslexia and academic procedures: if we regard both as socially constructed, as open to question rather than as givens, we begin to move away from the concept of knowledge as something 'transferred' and from an essentialist view of dyslexia. The main recommendation of this study is that in order to be genuinely inclusive of students with a variety of cognitive styles, Higher Education should reframe its definition of dyslexia and review its learning and teaching approaches.

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Abbreviations

APA	Accreditation of prior achievement
APEL	Accreditation of prior experiential learning
APL	Accreditation of prior learning
BDA	British Dyslexia Association
BMA	British Medical Association
BMJ	British Medical Journal
BPS	British Psychological Society
BTEC	Business & Technology Education Council (now a 'brand name' only)
CLA	critical language awareness
CSE	Certificate of Secondary Education
DI	Dyslexia Institute
DDA	Disability Discrimination Act
DES	Department of Education & Science
DfE	Department for Education
DfEE	Department for Education & Employment
DfES	Department for Education and Science
DSA	Disabled Students' Allowance
EP	Educational Psychologist
FE	Further Education
GCE	General Certificate of Education
GCSE	General Certificate of Secondary Education
GUT	grand unifying theory
HE	Higher Education
HEFCE	Higher Education Funding Council for England
HEI	Higher Education Institution
HMSO	Her Majesty's Stationery Office
HNC	Higher National Certificate
HND	Higher National Diploma

IDA	International Dyslexia Association
ICT	Information and Communication technology
IQ	Intelligence Quotient
LCC	London County Council
LEA	Local Education Authority
MRI	magnetic resonance imaging
NUD.IST	non-numerical unstructured data indexing searching and theorising
NWP	National Working Party on Dyslexia in Higher Education
OHT	overhead transparency
ONC	Ordinary National Certificate
OND	Ordinary National Diploma
PC	personal computer
PCAS	Polytechnics' Central Admissions Service
PET	positron emission tomography
PGCE	Postgraduate Certificate in Education
REHAB	British Council for the Rehabilitation of the Disabled
SAT	(USA) Scholastic Aptitude Test
SENDA	Special Educational Needs and Disability Act
SpLD	specific learning difficulties
STM	short-term memory
TOE	theory of everything
UCCA	Universities' Central Council for Admissions
UCAS	Universities and Colleges Admissions Service
UK	United Kingdom
WAIS	Wechsler Adult Intelligence Scale
WFN	World Federation of Neurology
WISC	Wechsler Intelligence Scale for Children
WRAT	Wide Range Achievement Test

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Chapter One : Introduction

First, I describe myself and my background. The Chapter then provides answers to five key questions:

What is the nature of the phenomenon which I wish to investigate? What might represent evidence, or knowledge, of this phenomenon? With what topic is the research to be concerned? What is the intellectual puzzle? What is the purpose of my research?

The Chapter ends with a brief outline of the contents of the remainder of the thesis.

1.1 Who am I and what brought me to this research?

I discovered the existence of dyslexia in 1973. Arriving (unqualified) at a rural girls' boarding school to teach French and Latin, I found that many of the students had particular difficulties with English, and that they had been 'diagnosed' as having the 'condition'. Reading the current literature on the subject (Critchley 1970; Miles 1970; Naidoo 1972; Newton and Thomson 1974), I viewed dyslexia as '*a disability which requires special understanding*' (Miles 1970:vi).

The 'special study' I completed at the end of my Postgraduate Certificate in Education (PGCE) (Pollak 1975) concluded with the words of Critchley, who held that dyslexic children should be

(...) diagnosed at an early age, and (...) granted without delay the services of special remedial teaching at the hands of sympathetic experts (Critchley 1970:121).

This view was not without its critics (as Chapter 2 will demonstrate), but as a modern languages graduate with an interest in social work, I was drawn to 'remedial teaching' which combined a focus on language with a group described as disadvantaged and potentially the victim of prejudice.

In the 1980s, having set up my metaphorical brass plate and become a private tutor of dyslexic children, I took a Diploma at the Hornsby Dyslexia Centre and continued to believe that *"dyslexics' brain cells may be arranged differently from those who have no difficulty with reading and writing"* (sic) (Hornsby 1984:15). Much of the dyslexia literature of the 1980s tended to confirm this view (Wales 1982; Snowling 1985; Pavlidis 1986; Seymour 1986; Rawson 1988; Congdon 1989; Galaburda 1989). It was not until the 1990s that British literature paid any significant attention to the affective and social aspects of life in educational institutions for students labelled dyslexic.

A lead in that direction was provided by Pumfrey and Reason (1991), who reported on a national inquiry initiated by the Division of Educational and Child Psychology of the British Psychological Society, covering "educational, psychological and medical aspects of specific learning difficulties" (the latter term having meanwhile become prominent). They included a Chapter on social and emotional aspects, and made the following statements:

Recent British cognitive research into SpLD (dyslexia) seems remarkably devoid of mention of social and emotional factors.

(...) A clearer understanding of these social and emotional influences and ways in which their effects can be alleviated, or turned to advantage, is needed (Pumfrey and Reason 1991:66).

My own subsequent work (Pollak 1993) was in part a response to Pumfrey and Reason's recommendation. I was by then working at a small residential special school for dyslexic teenagers, young people whose experience of being labelled in that way included (in many cases) becoming weekly boarders outside their Local Education Authorities' areas. The school saw its primary tasks as altering students' feelings of helplessness in the face of their difficulties, and counteracting the effect of previous negative experiences of schooling. The value of the dyslexia concept and the negative impact of being labelled as 'defective' were not questioned; on the other hand, the school took the affective and social aspects of dyslexia into account as well as the cognitive ones.

Using a self-esteem inventory (Coopersmith 1981) and personal construct psychology (Kelly 1955), I investigated changes in the students' self-esteem, the

constructs of staff about the students, and students' constructs about their learning difficulties. This project showed (by repeating the inventory) that students' self-esteem improved markedly by the end of their first year at the school, as their attitudes to dyslexia changed. By tape recording staff development work (in which colleagues' attitudes to students were compared, and contrasted with those students' self-images), and by recording their feedback on the sessions, it was shown that the research had been valuable both in deepening awareness of inter-personal factors and in challenging staff perceptions of some students (Pollak 1993).

1.2 My present work and beliefs

The present study continues this theme. I moved into learning support work in higher education at a time (1995) when the number of students in Higher Education (HE) was increasing (Singleton 1999), and more and more of them were being identified as dyslexic (Gilroy 1995). It may seem obvious that undergraduates' self-concept is likely to have a direct effect on their academic and social success, but at the time the present study began, there was very little literature about this (Miles 1986; Pumfrey and Reason 1991; Hetherington 1996; Goodwin 1996). I did however take with me into higher education work the conviction that in one-to-one teaching or learning support, the quality of the relationship with the student is as important as the academic content (Miles and Miles 1975; Edwards 1994). It was partly with this in mind that I undertook counselling training in the 1990s.

The 1990s heralded new approaches to dyslexia (West 1991; Davis 1995). As adults, higher education students tend to be articulate about the way they cope with the demands of University study, and I began to learn from those I was supporting. Although I still believed in the existence of dyslexia, I began to see the validity of the 'difference' as opposed to the 'disability' model (Cairns and Moss 1995). Although she holds that, in respect of dyslexia, '*the diagnosis is clinical*', Rawson (1988:5) also states that '*the differences are personal*'. She adds:

The student will progress faster and more securely if he understands his own nature and the relationship between his makeup and the way he is being taught (ibid.: 217).

It became increasingly clear to me not only that this was true, but also that the ways in which students understood their 'own nature' varied widely and were worthy of investigation.

Through email discussion forums, I then became aware of the social model of disability, (Oliver 1988; Oliver 1996) which in turn led me to the concept of the social construction of special educational needs (Barton and Tomlinson 1981; Tomlinson 1982; Barton 1988)(see Chapter 2). *Reading about adult education*, (Fieldhouse 1996) I came upon an alternative view of 'special education' from the perspective of Adult Basic Education (Hamilton 1996). Hamilton writes of '*the medical disability model of dyslexia*' (ibid.:161). I also discovered the concept of situated literacies and the social nature of literacy practices (Barton and Ivanic 1991; Barton 1994). My earlier certainties as to the nature of dyslexia began to disappear. Reading and writing are culturally esteemed skills; if a person's ability to draw is extremely poor, why do we not label this 'dyspictoria'? (Edwards 1993).

In the early 1990s, dyslexia continued to increase in prominence as an issue for HE (Gilroy 1991; Goodwin and Thomson 1991; Cairns and Moss 1995; Stephens 1996). It has been asserted (Corbett 1998) that dyslexic children receive disproportionate amounts of resources in compulsory education; dyslexic undergraduates certainly claim the majority of available funding under the Disabled Students' Allowance (Hurst 1996). The National Working Party on Dyslexia in Higher Education (NWP) (Singleton 1999) was formed in 1994. In 1995, I began individual learning support work with undergraduates, and became aware both of the personal issues for the students and of the institutional tensions connected with the subject of dyslexia (Stephens 1996). Such issues extend far beyond funding. If there is more than one form of intelligence (Gardner 1987), there is also a range of cognitive styles (Dunn and Dunn 1978; Given and Reid 1999), not all of which lend themselves to the kind of linear thought which is required if one is to write an essay or manage one's time. It may be that the academy (by which I mean the HE establishment) esteems linear

thought (for example, the conventional structure of an essay) above other forms, and this may disadvantage those who do not naturally think in that way. Learning support issues are admirably summed up by Peelo (1994), who points out that successful support must address cognitive, affective and social aspects (see Chapters 5, 6 and 7 below).

While entry into HE is challenging for all students in terms of their sense of identity, it is particularly so for those who are labelled dyslexic. Ivanic (1998:10) describes 'identity' as 'the everyday word for people's sense of who they are'. Like Ivanic, I take a social constructionist view of identity: that it is not generated by an individual's sole efforts, but the self is continually shaped and reshaped through interactions with others and involvement in social and cultural activities (Denzin 1989; Stevens 1996a). Individuals' identity is the result of affiliation to particular beliefs and possibilities which are available to them in their social context. The first year of a degree course is difficult for many students in various ways. However, if arrival at University precipitates an 'identity crisis' in some such students, how much more will it do so for a dyslexic person facing the prospect of three years of reading and writing? This may be particularly salient for mature students, for whom entry to University may mean a mismatch between the social contexts which have constructed their identities in the past, and the new social context which they are entering.

Through social interaction, I am aware that many authors and trainers in the dyslexia field have relatives (usually children) who have been identified as dyslexic. I have no dyslexic relatives, nor do I see myself as dyslexic. In that sense, I believe I have no personal ideological motivation for carrying out this study. As a non-disabled researcher investigating 'disabled' people, I have *'responsibilities aris(ing) from the privileges I have as a result of my social position'* (Barton, quoted in Hurst 1996, page 123). Although Hurst refers to dyslexia because it is legally recognised as a disability, he implicitly separates it from vision, hearing, mobility and mental health issues, as do I. Nevertheless, I acknowledge that as a researcher working with informants who struggle with academic procedures, I have privileges in terms of facility with reading and writing and status within the academy.

Hurst (1996) goes on to quote Barton again, in terms of the privileged researcher using his/her knowledge and skills *'to challenge the forms of oppression disabled people experience and thereby help to empower them'* (page 124). Leaving aside the potentially patronising implication of the word 'empower', I am indeed motivated by a desire to challenge the way dyslexic students are perceived, in a manner which may be beneficial to them. However, although that was my primary motivation when I began the research, the process of examining the data and the literature I have studied since have led me to widen my view.

1.3 What is the nature of the phenomenon which I wish to investigate?

Dyslexia as a concept clearly exists, and is believed in by a great many researchers, educators and students. However, most of the literature about dyslexia is not only focused on children (Augur 1981; Doyle 1996; Broomfield and Combley 1997), but it also tends to take a neuropsychological stance (Bakker 1994; Galaburda 1999; Snowling 2000) and to use a discourse of disability (HEFCE 1995; Singleton 1999). There is very little literature which sets out the dyslexic person's point of view (Gilroy and Miles 1996: appendices; Riddick, Farmer et al. 1997), certainly not a great deal about adults and even less about HE. Insight into the socio-emotional aspects might help the academy to come to terms with these students; that is therefore the aspect of the phenomenon of dyslexia which I wish to investigate. (The meaning of the term 'discourse', which will be used throughout this thesis, will be discussed in Chapter 5.)

1.4 What might represent evidence, or knowledge, of this phenomenon?

The best way is to ask the students (the justification of this approach will be given in Chapter 6), but also to look at documentary evidence of 'expert' opinions about them (i.e. Educational Psychologists, hereafter EPs), because of the role of such authorities in officially identifying students as dyslexic. The discursive interview, tracing an informant's learning life history, has the potential to bring out the way an individual's view of him- or herself as dyslexic has developed.

1.5 With what topic is the research to be concerned?

Rawson points out that '*personal history*' is a potentially valuable source of '*insights and understanding*' (Rawson 1995: xviii). Undergraduates labelled dyslexic may be 'mature' (e.g. over 25) or recent school leavers; they may have been identified as dyslexic in childhood, or since admission to University. Whichever category they fall into, they have an educational history. 'Life history' literature (Plummer 1983; Thomson 1994; West 1994; Yow 1994) demonstrates that the fields of psychology, anthropology and sociology can gain from the exploration of people's life stories. It is widely held that screening or assessment for dyslexia should begin with an educational history (Klein 1993; McLoughlin, Fitzgibbon et al. 1994; Cairns and Moss 1995). In the case of University students, what I call a 'learning life history' needs to include the present day, in order to seek insights into on-course issues. The topic for the research then is the sense of self of students labelled dyslexic, as revealed in their learning life histories.

1.6 What is the intellectual puzzle?

This is implied by the context of the research topic, and may be summed up as an interest in the meaning of dyslexia in HE today, specifically curiosity as to whether the learning life histories of students can throw light on this. Subsidiary parts of the puzzle include an interest in finding out whether students see dyslexia in the same way, and whether there are any patterns in their learning life histories. Bearing in mind that student life raises affective and social issues as well as cognitive ones (Peelo 1994; Rickinson 1998; Peelo 2000a), and also that academic writing can raise major identity issues (Ivanic and Simpson 1992; Ivanic 1998), I wonder how the various influences which have been brought to bear on dyslexic students impact on their identity and self-concept, and how this in turn affects their University careers.

1.7 What is the purpose of my research?

I wish to add to dyslexia research in two particular ways: by investigating personal experiences, and by focusing on Higher Education. My intention is to increase understanding of dyslexia, to produce insights which may help

Universities to work with this kind of student, and ultimately to contribute to the debate about academic literacy (Street and Street 1991; Lea and Street 2000) and reductionist views of special educational needs (Tomlinson 1982; Corbett 1998). In a study sub-titled 'Growing up with a specific learning difficulty' (Riddick, Farmer et al. 1997:viii), Riddick and her colleagues state their interest in '*how a diverse range of students with dyslexia can best be identified and supported at (...) University*'. I would prefer to widen this question by removing the words 'with dyslexia' and substituting 'who regard themselves as dyslexic'. However, like Riddick et al I hope that my work may be of help both to students and to their tutors. Ultimately, the HE sector has to accommodate 'a diverse range of students'. This has already been thrown into relief by the introduction of Access courses (DfES 2002), and is now being underlined by the Disability Discrimination Act 1995 (HMSO 1995) and its extension, the Special Educational Needs and Disability Act 2001 (HMSO 2001), which make it unlawful for educational institutions to discriminate against disabled students. Dyslexic people are included in that category.

To sum up my ontological and ideological stance: the concept of dyslexia has been defined and described in many different ways since the term was coined in 1887, and the result as we begin the 21st century is a range of discourses of the subject, which influence the views and attitudes both of dyslexic students and of significant people in their lives. Dyslexia is not a unitary phenomenon, and for that reason many have been and are sceptical of its existence (Plowden 1967; Tizard 1972; Kerr 2001). Whether or not it exists, there are large numbers of students who accept the label, many of whom struggle to succeed in HE (Singleton 1999; Kurnoff 2000; Rodis et al. 2001). If we are to provide an inclusive experience for these students, who (in my experience) usually work very hard and are interested and committed, we must support them (Gilroy and Miles 1996) in new ways.

1.8 Outline of the thesis

Part one

Chapter two: a survey of the way in which the concept of dyslexia has developed since the term was coined, and of the schools of thought within this.

Chapter three: a survey of educational responses to dyslexia, again with some historical material but leading up to the current situation in HE in the UK.

Chapter four: an exploration of the terms 'identity' and 'self', since these are central to the topic being investigated.

Chapter five: an examination of the constituent parts of the self-concept in relation to dyslexia, leading to a detailed statement of the research questions.

Part two

Chapter six: a survey of the methodological theory which supports the study.

Chapter seven: a disquisition on the ways in which data were displayed, coded and analysed.

Chapter eight: the setting out of a descriptive typology which provides the structure for Chapters eight to ten, followed by explanation of findings concerning informants' sources of information about dyslexia and experiences of being identified as such.

Chapter nine: findings concerning the socio-emotional effects of identity as dyslexic.

Chapter ten: findings concerning informants' experience of higher education.

Part three

Chapter eleven: the models or discourses of dyslexia adopted by informants and the effect of these on their higher education experience.

Chapter twelve: a return to the research questions for the conclusions reached by the study, implications for the higher education sector and recommendations arising from the whole.

1.9 Summary

In this Chapter, I have introduced myself as the author of this study and answered five key questions regarding the nature of that study.

Before writing about a research project focusing on dyslexia, it is necessary to examine the concept. The next Chapter adopts a chronological approach to the development of thinking about dyslexia.

[For reasons of simplicity, the phrases 'dyslexic people' or 'dyslexic students' will be used, rather than 'students who have been identified as dyslexic'. For the purposes of the study, the existence of dyslexia will be accepted as a given, although it can be construed in a variety of ways, as Chapter 2 will demonstrate.

In preference to the term 'academe' as an umbrella term for educational institutions, I use the expression 'the academy' to denote HE in general.]

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Chapter 2 : Historical development of the dyslexia concept

2.0 Introduction

Chapters 2 to 5 provide the context for the study. They cover a broad span, because the concept of dyslexia has wide implications for areas of life beyond the strictly educational. Chapter 2 offers the theoretical context, showing that dyslexia has historically been seen in a variety of ways; it indicates that most of these models are still current, and looks at some alternative ways of construing it. The aim of Chapter 3 is to provide the political context in terms of educational responses. Chapter 4 explores the terms 'identity' and 'self', and Chapter 5 links the self-concept with dyslexia.

In educational terms, the ideological legacy of eighteenth century humanism and nineteenth century Christian reformism is the belief that arrangements for special education must by definition be benevolent (Tomlinson 1982). In the 1970s, literature on the history of special education tended to make the assumption that, although the labels used for categories of 'handicap' had changed over the years, the fundamental principle of fitting children into such categories for humanitarian reasons had been unchanged (Kirman 1972; Furneaux 1973; McCreesh and Maher 1974; Sampson 1975). Even after the Warnock Report entitled 'Special Educational Needs' (Warnock 1978) and the subsequent Education Act (HMSO 1981), Oliver (1988:13) observed that *'policy for special educational needs is part of social policy and the Welfare State in general'*.

I intend to demonstrate that, just as the history of mental health procedures is one of the categorisation of individuals who were regarded as 'defective', the development of discourses about the dyslexic category is influenced by this history. In Appendix II, the background in terms of health and education policy which preceded the coining of the term dyslexia is explored. The purpose of this Chapter is first to set out the historical development of the dyslexia concept as the context for this study, and secondly to widen that context by briefly exploring contrasting models of literacy development (which will also be expanded upon in Appendix III).

2.1 Historical development of the dyslexia concept: aphasia

Before the word dyslexia was coined, doctors had given the name 'aphasia' to the condition of inability to understand and produce speech (Broca 1861, quoted in Head 1926; Critchley 1970); the cognate term 'dysphasia' was employed to denote difficulty with these functions, but not complete inability. Franz Josef Gall (born 1758) is associated with the discredited 'science' of phrenology, but in fact discovered the localisation of specific functions in different parts of the brain (Head 1926; Miles and Miles 1999). In the second half of the nineteenth century, it was also observed that following a cerebro-vascular accident (or stroke), a person might lose the ability to read and/or write ('alexia') as well as suffering speech difficulties, and that similar symptoms might result from injuries to the head (Critchley 1970).

2.1.1 'Word blindness' and discrepancy

Building on the work of Broca, Kussmaul (a physician and later a Professor of medicine) coined the expressions 'word deafness' and 'word blindness' (Kussmaul 1878). These resulted from his observation of people who had lost the ability to read, and sometimes also the ability to understand speech; he was however the first author to observe 'word blindness' in persons who had suffered no accident or disease, yet struggled to read and write *'even though the power of sight, the intellect and the power of speech are intact'* (Kussmaul 1878: 775).

The term dyslexia first appeared in Germany: Professor Berlin of Stuttgart (an ophthalmologist) published 'Eine besondere Art der Wortblindheit (Dyslexie)' nine years after Kussmaul (Berlin 1887). Berlin was describing acquired dyslexia (difficulties arising as the result of an illness or injury, as opposed to being present from birth or developmental) in an adult. He proposed the term dyslexia in order to indicate its relationship with alexia, and described it as a 'peculiar illness' (ibid.:1).

The earliest literature about dyslexia was thus medical. Doyle (1996:169) gives the table reproduced here as Table 2.1, indicating that what he calls 'milestones

in knowledge about dyslexia' between 1877 and 1925 all came from the work of medical men:

Table 2.1
Early milestones in knowledge about dyslexia (taken from Doyle)

Date	Name	Profession	Occupation	Term used	Source
1877	Kussmaul	Medicine	Physician	Word blindness	Adults
1887	Berlin	Medicine	Professor	Dyslexia	Adults
1895	Hinshelwood	Medicine	Eye surgeon	Word blindness	Adults
1896	Kerr	Medicine	Medical Officer of Health	Congenital word blindness	Children
1896	Pringle Morgan	Medicine	General Practitioner	Congenital word blindness	Children
1925	Orton	Medicine	Psychiatrist	Specific reading difficulties	Children

As there were no posts in the UK for Educational Psychologists (EPs) until the appointment of Cyril Burt by the London County Council (LCC) in 1913, there was no other profession available to comment on the concept - except of course perhaps the teaching profession; yet of the latter, Naidoo's work, not begun until the late 1960s, was probably the first to result in quantitative data and systematic comparisons between children (Naidoo 1972).

These early authors on the subject of dyslexia were specialists who looked at 'patients' through the 'tunnel vision' of their professional perspectives. Kussmaul had noted that the problems of his patients seemed unconnected with intelligence or previous ability. Hinshelwood, a Glasgow eye surgeon, (Hinshelwood 1896) wrote in *The Lancet* about 'A case of dyslexia: a peculiar form of word-blindness'.

This appears to have been the first use of the word dyslexia in an English publication; it focused on what was seen as the unexpectedness of the difficulties observed, in view of the absence of stroke or injury.

Hinshelwood's work drew a response from Pringle Morgan, an English general practitioner, who wrote (Morgan 1896) of a 14 year-old patient whom he described as 'bright and intelligent', but who was unable to learn to read. The significance of Morgan's work lies partly in his observation that the boy seemed to have developmental difficulties, i.e. they were congenital, and partly in the comment that he was 'bright'. Indeed, Morgan added that the boy's teacher believed that he '*would be the smartest lad in the school if the instruction were entirely oral*' (ibid.:1378). Morgan's work thus constitutes the origins of three images of dyslexia which are still prevalent: the dyslexic person as a medical 'case'; the view that dyslexia involves a discrepancy between underlying ability and academic achievement; and the suggestion that heredity might be involved. It also introduces the notion of an alternative mode of learning and teaching.

The value of looking at these early writers on dyslexia lies partly in the demonstration of the length of the 'pedigree' of the concept, and partly in their demonstration that 'discrepancy' (between intelligence and academic attainment) and hence 'unexpectedness' have formed part of the description of dyslexia for over one hundred years (Miles and Miles 1990).

2.1.2 Cerebral hemispheres

Hinshelwood (1912, 1917) and Kussmaul (1878) both noted similarities between the difficulties of children who were 'congenitally word-blind' and those of adults with acquired difficulties. Such similarities were also noted by the American neurologist Samuel Orton, who began publishing on the subject in the 1920s (Orton 1925, 1928). Orton believed in 'cerebral dominance', or one hemisphere of the brain being the 'leading' one (Springer and Deutsch 1998), but held that dyslexia was primarily a visual problem; he coined the awkward term 'strephosymbolia' or 'twisted symbols' to denote reversed letters in handwriting. Orton's work is also the origin of the view of dyslexia as a neurological issue (Miles and Miles 1999): Orton recommended that the term 'disabled' be used

instead of 'defective' (Anderson and Meier-Hedde 2001), and 'learning disabled' remains the preferred term in the USA, rather than 'dyslexic'.

To sum up the work of the early 'pioneers' of dyslexia: the difficulties are unexpected, may be hereditary, involve speech and spelling as well as reading, and may lead to unfair labelling as a dunce. The explanation for them is primarily medical, specifically neurological. This kind of discourse of dyslexia has been presented to me in the life and educational histories of the students I have taught or supported over the last 25 years, and its continuing prevalence will be revealed by the present study. However, it is also true that there are '*vagaries and antagonisms surrounding definition*' (Kavale and Forness 2000: 239). The remainder of this Chapter now examines some of these.

2.1.3 An early formal definition of the term dyslexia

The World Federation of Neurology drew up a formal definition of dyslexia in 1968, which included some of the above elements although it focused on reading:

A disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence, and socio-cultural opportunity. It depends on fundamental cognitive disabilities which are frequently of constitutional origin (Critchley 1970:11).

As well as defining dyslexia by exclusion (i.e. stating what it is *not*), mid-century definitions of dyslexia such as this referred mainly to reading, in spite of the work of earlier writers such as Orton. Critchley stated that the existence of 'specific developmental dyslexia' rested upon:

Persistence into adulthood; the peculiar and specific nature of the errors in reading and spelling; the familial nature of the defect; and the greater incidence in the male sex (Critchley 1970:11).

2.1.4 The continuum view: against discrepancy

In spite of the above, the Tizard Report ('Children with Specific Reading Difficulties') (Tizard 1972) found that a syndrome of developmental dyslexia '*with a specific underlying cause and specific symptoms*' had not in fact been clearly

identified, citing the '*diversity of disabilities*' associated with it as evidence that there is no '*underlying pattern common to the group*' (Tizard 1972:2-3). A quotation from the Tizard Report is useful at this point, because it expresses a view which is still held in some quarters today, almost 30 years later:

We take the view that (...) there is really a continuum spanning the whole range of reading abilities from those of the most fluent readers to those with the most severe difficulties (op. cit.:3)

It will be observed that this comment continues to focus upon reading. A modern-day proponent of that view is Keith Stanovich, who has been consistent in his opinion over some 20 years (Stanovich 1982, 1986, 1991, 1994, 1996, 1997, 1999). Stanovich's central thesis is that those who are labelled dyslexic do not in fact differ significantly from poor readers without a reading/IQ discrepancy. In Appendix V, the historic controversy regarding aptitude/achievement discrepancy is explored.

At this point, it is important to remember another way of looking at discrepancy in students: to ask whether the 'problem' lies not within the student but within the institution (Lea and Stierer 2000). As Turner puts it: '*school and teaching arrangements (...) may have contributed largely to the predicament in the first place*' (Turner 1997:18).

2.1.5 Dyslexia as an academic issue: exclusion of other factors

The association of dyslexia purely with literacy, or more precisely with reading and spelling (Critchley 1970:11) remains prevalent. This viewpoint is encapsulated in the definition of the term published by Reid:

Specific learning difficulties/dyslexia can be identified as distinctive patterns of difficulties relating to the processing of information within a continuum from very mild to extremely severe which result in restrictions in literacy development and discrepancies in performances within the curriculum (Reid 1998:2).

The British Dyslexia Association's 1997 definition also takes a study-centred view, including as it does the sentence:

The symptoms may affect many areas of learning and function, and may be described as a specific difficulty in reading, spelling and written language (BDA 1997).

However, what is notable about these definitions (for the full texts, see Appendix VI) in comparison with the World Federation's definition quoted in section 2.1.3 above is that it does not contain any exclusions. (Furthermore, the BDA version is given a medical flavour by containing the word 'symptoms'.) Some other attempts at a definition try to make the unexpectedness of it clear by referring to what it is *not*, using language such as stating that the difficulties are '*not the result of generalised developmental disability or sensory impairment*' as the Orton Dyslexia Society Research Committee put it (Reid Lyon 1995). In Appendix VI on the definition of dyslexia, I comment further on such exclusionary language.

The American Psychiatric Association publishes a *Diagnostic and Statistical Manual of Mental Disorders* or DSM (DSM IV: American Psychiatric Association 1994), updated periodically and '*influential as a classificatory system*' (Prior 1997: 69). This used to include dyslexia under 'academic skills disorders', but the fourth edition changed the latter term to 'learning disorders' and listed under these 'reading disorder' and 'disorder of written expression' (among others), but not dyslexia. The definitions given for the terms in the fourth edition are firmly based on IQ/attainment discrepancy. Exclusionary language of the kind quoted above is also used, under the heading of 'differential diagnosis' (American Psychiatric Association 1994: 47). Discourse of this kind restricts what can be said about these phenomena (Prior 1997) and empowers agents such as the DSM's editors to pronounce on the nature of the human world.

Also published in 1994 was the World Health Organisation's equivalent of the DSM IV (Cooper 1994). Under 'specific developmental disorders of scholastic skills', this lists 'specific reading disorder', with 'developmental dyslexia' appearing as an alternative term. Again, IQ/attainment discrepancy and exclusionary criteria are employed.

2.1.6 Cognitive neuropsychology revisited : hemispheric specialisation

As Stanovich (1997) and others have pointed out, the definition of 'intelligence' is controversial, let alone the definition of dyslexia (Howe 1989; Carpenter et al. 1990; Connor 1996). The question remains, precisely how and why are the difficulties of a dyslexic person incongruous? The answer lies partly in Gardner's theory of multiple intelligences (Gardner 1987, 1993 - see Appendix V). What is the site of these intelligences? Inevitably, we are brought back to the brain. One EP said: '*Cognitive neuropsychology is the only game in town*' when it comes to the study of dyslexia (Turner 1998).

Twentieth century advances in brain studies have allowed much more detailed investigation than Broca (see 2.1) could have imagined. Springer and Deutsch (1998) describe a combination of split-brain experimentation and neuroimaging techniques which demonstrate conclusively that each cerebral hemisphere specialises in certain functions. Human brains are not normally symmetrical, however; the average non-dyslexic person has a larger temporal lobe in the left hemisphere, where language functions are processed. Bakker (1994) proposes that the brain of a dyslexic person is more symmetrical and therefore less efficient in processing language. The work of Geschwind and Galaburda (Geschwind and Galaburda 1984; Galaburda 1989) including post-mortem studies, shows that it is difficult to determine whether relative symmetry results from under-development of the left side or over-development of the right.

However, Geschwind went further in his exploration of hemispherical specialisation, believing that those who have a right-hemisphere-dominant brain may have superior talents in certain areas of non-verbal skill, such as art, architecture, engineering and athletics (Geschwind 1982). This notion is developed by Williams (1983) in her 'guide to right brain/left brain education' entitled 'Teaching for the two-sided mind'. Edwards (1993) expanded the concept of hemisphericity in her punning title 'Drawing on the right side of the brain', demonstrating how one can 'switch on' the right hemisphere and hence improve one's ability to draw. Springer and Deutsch (1998) show how far the use of brain imaging techniques such as positron emission tomography and magnetic resonance imaging have enabled precise maps to be drawn, showing the

locations of specific brain functions such as the appreciation of rhythm or mental arithmetic. In their Chapter headed 'Attempts at applying asymmetry: hemisphericity, education and culture', they caution against a straight-forward division of hemisphere functions into 'left brain = linear thought, right brain = holistic' [my wording], stating: '*We do not think it is as simple as that*' (op. cit.: 299). However, the concept of dyslexic people's potential right-hemisphere talents is now well-established. What may be called the 'hemispherist' view appears in Krupka and Klein (1995) and is argued for most powerfully by West in his catalogue of 'visual thinkers' and 'gifted people with learning difficulties' (West 1991). Bakker (1976) went so far as to assert that beginning readers should have their right hemispheres stimulated, a notion he is still propounding in relation to dyslexia (Bakker 1994).

The significance of these theories lies in the fact that they combine three strands of thinking about dyslexia: it is a neurological matter; the kind of brain under discussion forms part of the normal range of human brain development; this in turn gives rise to a continuum of ability and to a distinctive cognitive style. With greater awareness of this pattern of brain functions, would the performance of a dyslexic person cease to be 'incongruous'?

2.2 Attempts at a unified model

Nevertheless, the current position of many psychological researchers is that identification of dyslexia requires evidence of a cognitive processing deficit (Seymour 1986; Coltheart, Sartori et al. 1987; Nicolson and Fawcett 1994; Snowling 2000). Frith places this at the centre of a three-level model (Frith 1997, 1999), according to which biological factors produce effects at the cognitive level, which then result in behavioural manifestations. Frith, Snowling and others hold that the cognitive level is essential to a clear definition of dyslexia; the term means 'difficulty with words', and dealing with words (spoken, heard, read and written) is by definition a cognitive process. As an example of the kind of 'specific deficit' in the centre of her model, Frith posits a phonological deficit. If phonology concerns the way in which sounds are linked to form words (in speech, reading and spelling), then a phonological deficit refers to weakness in manipulating this process. As Frith (1997) points out, there have been many studies which have

found that individuals described as dyslexic have difficulties with naming, segmenting phonemes and non-word repetition (Denckla and Rudel 1976; Perin 1983; Gathercole 1995). She also acknowledges (Frith 1999) the work of Nicolson and Fawcett (1999b) on the role of the cerebellum, which is said to be relevant to the frequency of a degree of physical clumsiness among people identified as dyslexic, and may play a wider part than this. Appendix IV on neurological investigation gives further information on Frith's proposal, which aims to unify research into dyslexia by combining the most common strands into a three-level model.

Stein (2000) also offers a GUT ('Grand Unifying Theory') or TOE ('Theory Of Everything') to explain dyslexia. Like Frith, he holds that the biological level is key. Stein proposes a weakness in the immune system, which leads among other effects to poor development of the magnocellular pathways in both the visual and aural neural networks; this in turn results in reading and auditory perceptual difficulties.

In terms of an overview of perspectives on dyslexia, the key aspect of models proposed by Frith and others (expanded upon in Appendix IV) is that they all pre-suppose a deficit in the brains of dyslexic people: *'the underlying cognitive deficit appears to be circumscribed, specific, persistent and universal'* (Frith 1997:17).

2.2.1 The syndrome model

In terms of weighty authorities in the dyslexia field, there can be few as consequential as Professor Tim Miles, who began publishing on the subject more than forty years ago. In 1994 he summed up his position, that dyslexia was best defined as a taxonomy which makes it possible *'to pick out those individuals in whom the balance of skills is unusual'* (Miles 1994:209). This is consistent with his statement almost twenty years earlier, that dyslexia is *'a family or cluster of disabilities rather than (..) a single condition'* (Miles and Miles 1975:5), and with the title of his book *'Dyslexia – the pattern of difficulties'* (Miles 1993). Miles seems to have long avoided the word 'syndrome'; etymologically, this means 'running together' and thus might seem apposite, although as the *Shorter Oxford*

Dictionary tells us, its primary meaning is 'a concurrence of several symptoms in a disease'. However, in 1999 the NWP stated:

Dyslexia is properly described as a syndrome: a collection of associated characteristics that vary in degree and from person to person (Singleton 1999:25).

In the same year, in the concluding pages of the second edition of their survey 'Dyslexia: a hundred years on', Miles and Miles express support for 'a taxonomy that lumps together the manifestations of the syndrome, specific dyslexia' (Miles and Miles 1999:170).

The syndrome concept seems simultaneously to be strong and weak: strong because there are so many people who clearly demonstrate Miles' pattern of difficulties (I have long numbered myself among what Turner (1997) calls the 'practitioners' who recognise it), and weak precisely because there are so many 'indicators' on the list (Vinegrad 1994).

2.3 'Differences' and 'strengths'

Stein (2000) points out that if the 'deficit' in the visual neurological pathways which he posits did not confer any advantages, it would not have remained in the genetic system. To that extent, he concurs with West (1997), whose case is that some prominent intellectual and creative people of the past (such as Einstein), and many successful exploiters of information and design technology today, are or were identifiable as dyslexic. West (1997) proposes that such people use a basically holistic, three-dimensional mode of thought; his list of examples of such people goes back to Michael Faraday, who was born in 1791. (The concept of a contrast between the holist and serialist learning styles is usually credited to Pask (1976), who was writing about 'topic maps' before Buzan (1995) patented the term 'mind map' for something which, although different, is of the same order.)

West has something in common with Miles and others when he sets out 'constellations of traits' associated with dyslexia. It is not quite clear whether the inclusion of 'notable good looks' is intended seriously or not! (op. cit.: 93 and footnote). He also seems to support the 'wiring of the brain' approach which was popular in the 1970s and 80s (Franklin and Naidoo 1970; Wales 1982; Hornsby

1984), but rephrases this as '*a different wiring diagram, a way around*' (West 1997:97), and quotes Galaburda in support of the idea of '*solving problems*' differently, rather than '*having*' a problem. Whereas Miles, Frith, Stein and others have for many years held the view that dyslexia involves much more than reading difficulties, West goes further and states that there is an association between verbal difficulties and visual talents (and that the twenty-first century will see such talents in the ascendancy). The NWP's definition of dyslexia includes the sentence: '*These characteristics encompass not only distinctive clusters of problems but sometimes also distinctive talents*' (Singleton 1999:25).

West (1997) refers to a '*different*' wiring diagram; Stein (2000) also speaks of the dyslexic brain as '*different*' and as having many strengths. Krupska and Klein (1995) include the following in their definition of dyslexia: '*It is not a defect, but an individual difference in cognitive style*' (Krupska and Klein 1995:14). The theme of '*difference*' is also present in Pollock and Waller's practical book for classroom teachers; they open their preface by stating that '*dyslexia should be seen as a different learning ability rather than as a disability*' (Pollock and Waller 1994: xiii).

2.3.1 The National Working Party's model : tension between the '*difference*' and '*syndrome*' models

Writing about the HE sector, Singleton et al. adopt a similar position:

The deficit model of dyslexia is now steadily giving way to one in which dyslexia is increasingly recognised as a difference in cognition and learning (Singleton 1999:27 - original emphasis).

The report of the NWP nevertheless presents a model of dyslexia which seeks to make the point that *the surface manifestations (derived from the 'literacy framework')* (Singleton 1999:28) are not the only '*issues that are fundamental to educational success*' (same page) in connection with dyslexia. The Report goes on to propose that numeracy, oral skills, attention span, personal organisation and socio-emotional factors are all involved. This is consistent with its fundamental view of dyslexia as a syndrome. The Chair's preface refers to '*fireworks*' in connection with '*the process of reaching agreement between fourteen very*

experienced individuals [in the working party] each with their different professional and personal perspectives' (Singleton 1999:13), and this inevitably shows through.

In a lecture given in the following year, Singleton summed up his personal view as follows:

Developmental dyslexia is a constitutional condition which results in differences in some aspects of information processing by the brain, and which causes difficulties in specific areas of learning, particularly literacy skills. It may confer advantages in other skill areas, such as visual or practical thinking (Singleton 2000).

I have been working with people who define themselves as dyslexic for over twenty-five years. Most of them, particularly those who are or have been students in HE, have believed it to be much more than a reading difficulty. If Frith and her colleagues (1999) are right about the range of factors involved, then a clear conclusion is that activities which cover much more than academic study will be affected by a person's cognitive processes.

However, Singleton is explicit not only about the Working Party's model of dyslexia, but also about its propagation. In the Report's Chapter on counselling, the following appears:

As well as understanding and practical counselling, all these students need helpful information about what dyslexia is (Singleton 1999:135).

This extract points to an important issue for all who are labelled dyslexic, namely that they are subject to well-intentioned but frequently dogmatic 'information' as to the nature of dyslexia. One University's website for students (now revised) recently described dyslexia '*a complex neurological condition*'.

2.3.2 Hemispheric preference

I have referred above (section 2.1) to the work of Springer and Deutsch (1998). They propose that the two cerebral hemispheres have different information-processing styles; thus, according to the 'whole-life' view of dyslexia, a dyslexic

individual has a preference for what Springer and Deutsch call the 'synthetic, holistic manner of dealing with information' adopted by the right hemisphere, and correspondingly less success with 'analytic skills, of which language is but one manifestation' (op. cit.:48-9). The latter skills include the sequencing functions referred to by Krupska and Klein above.

Given and Reid (1999) remind us that most effective problem solvers exercise both analysing and synthesising skills, but they go on to accept that the majority of learners have a preference for either 'sequential' (left-brain) or 'global' (right-brain) approaches (ibid.: 59)

Another word for 'sequential' might be said to be 'linear', to the extent that a sequence leads from point A to point B to point C and so on. A link between the areas of difficulty experienced by dyslexic students becomes clear when we consider that these areas involve linear thought: essay planning, sentence structuring, time management, memory for instructions and common sequences. The Report of the NWP refers to '*a lack of prioritising skills*' (op. cit.:36), which themselves must by definition be a matter of linear thinking. The Arts Dyslexia Trust includes the following in its definition of dyslexia :

It is now recognised that the talents of those who learn best by using their visual-spatial skills (as dyslexics do), are not adequately met by linear, reductionist strategies (Alexander-Passe 2000) (see Appendix VI for other definitions of dyslexia).

2.4 A social model of dyslexia

In the context of education, there is another way of conceiving of the whole question of students who have 'difficulties': is it in reality the academy which is disabling them, rather than they who are disabled? Disabilities may not simply be socially constructed, but socially created. Disability is not synonymous with special educational need, but accounts of the former can throw light on thinking about the latter. Oliver (1988:17) sums up three possible ways of conceptualising disability:

- Disabilities are an individual problem (the essentialist view, most popular in education)

- Disabilities are socially constructed (some people define others as disabled and therefore treat them differently)
- Disabilities are socially created (society disables people with impairments by the way it treats those people).

Being a student involves compliance with the literacy practices of the institution (and in HE, of the Faculty) concerned. In order to further understanding of its view of non-linear thought, the Arts Dyslexia Trust describes itself as '*working to create more appropriate learning environments*' and '*developing ways to encourage educators and employers to recognise and inspire visual-spatial skills*' (Alexander-Passe 2000).

Some physically disabled researchers and campaigners seek to question the cultural representation of disabled people in terms of tragedy, the impaired body and 'otherness' (Oliver 1996; Barnes 1996). They point to the sociological analysis of disablement which links it to deviance, illness and stigma, with the focus on the individual with a problem; the social model proposed by such thinkers suggests that disablement is located primarily within the structure of society (its values, political economy, physical environment and welfare system). W. Albert, a disability awareness trainer, suggests an image of a person in a wheelchair at the bottom of a flight of stairs:

Why can't this person get into the library? Most people, assuming the medical model, will reply 'Because he or she is in a wheelchair'. That is where the problem is located. If you then ask them to look again and say that it is the stairs that are causing the problem ...it is as if you have given them a new set of cultural lenses through which to see and understand the world (Albert 1995).

Using this analogy, a social model of dyslexia might picture a dyslexic student inside the same library. S/he is not suffering from a 'chronic neurological disorder', but has a cognitive style which does not easily cope with the academy as it has traditionally been organised. Is s/he as entitled to access to the academy as someone who uses a wheelchair?

In the USA, where dyslexic people are usually labelled 'learning disabled', Gerber et al. propose a new way of construing the self, for which they use the term 'reframing':

Reframing refers to the set of decisions relating to reinterpreting the learning disability experience in a more positive or productive manner (Gerber et al. 1992:481)

This involves self-recognition followed by acceptance, leading to understanding and finally action towards one's goals; Gerber et al. also recommend seeking what they call 'goodness of fit', or finding an environment where one's skills and abilities can be optimised.

Gerber et al. made the above comments about the context of employment; Gergen proposes that social constructionism applies to the world of education. Pointing out that graduates are expected to 'write well', he comments:

(...) there is a certain colonialist attitude inhering in the presumption that all intelligent writing should conform to certain standards – namely the standards popular among the educational elite (Gergen 1999:183)

In calling for 'reflexivity, collaboration and polyvocality' in education (op. cit.:184), and particularly for acceptance of what he calls 'the performative' as a mode of expression by students (op. cit.:188), Gergen is inhabiting a very different world from that of the DSM IV definition of dyslexia. This issue will be explored further in Chapter 12.

2.5 Models of literacy development

As we have seen, the literature on dyslexia has from the earliest days placed the concept in an educational context. Although (in terms of HE at least) the field has largely moved on from a focus on reading, it is impossible to discuss dyslexia without reference to literacy in the broadest sense. It is therefore essential, as part of the context for the present study, to examine diverse models of the acquisition of literacy.

It is not surprising that many people struggle to acquire reading and/or writing ability. Most of us never again experience a mental task as taxing as that

involved in learning first to understand and speak our native tongue, and then to understand and reproduce its written and printed forms. Hannon (2000) refers to the latter process as '*literacy development*', believing that it parallels cognitive, language and social development in the way it involves '*the organisation and successive reorganisation of skills*' (op. cit.:44).

But what do we mean by 'literacy'? Much of the literature on dyslexia, and indeed books about literacy in general, use terms such as 'literacy skills' or simply 'literacy', assuming that the reader will recognise this as an entity. McGuinness appears to address the definition:

To assess literacy properly, you need an objective definition of literacy for each age tested, up to and including adults. (McGuinness 1998:8).

However, it soon emerges that she treats the word 'literacy' as synonymous with 'reading'.

The definition of the term might appear to be 'common sense' – a person can either read and write at a socially acceptable or personally practical level, or s/he cannot. But it is not as simple as that; literacy takes place in a cultural context. Language development, although clearly profoundly cultural, is broadly similar in a range of societies (Crystal 1997), but literacy development varies greatly across cultures (Hannon 2000).

In parallel with the social model of dyslexia referred to in 2.4 above, some authors (Barton 1991; Street and Street 1991; Hamilton, Barton et al. 1994) posit a model of literacy as a social practice. According to this model, the literacy practices required at school or University simply constitute one set of behaviours among a range of possibilities, albeit an intensely privileged one.

Lea and Street (2000:34) set out three models of student writing, the second two subsuming the ones above them:

- The 'study skills' model – a potential student deficit in atomised skills; student writing as a technical skill
- The 'academic socialisation' model – acculturation of students into academic discourse; student writing as a transparent medium of representation

- The 'academic literacies' model – different literacies seen as social practices; students' negotiation of contrasting literacy practices; student writing as constitutive of identity; meaning-making as contested.

The act of writing is more challenging for most dyslexic HE students than any other aspect of academic life (Gilroy and Miles 1996); there is a potential parallel between the deficit aspect of the 'study skills' model and the deficit model of dyslexia. Furthermore, documents such as the HEQC's 1996 paper on 'the attributes of graduateness', which proposes '*the ability to write in grammatically acceptable and correctly spelt English*' (HEQC 1996:para. 14) as an essential 'ancillary quality', lays down a marker which is clearly difficult for dyslexic students to reach.

The process of literacy development can also be construed in a variety of additional ways. In Appendix III these different ways (literacy as social practice, literacy as skills, the cognitive perspective and stage theories of literacy development) are expanded upon; critical language awareness is also introduced, and further reference is made to it in Chapter 12.

2.6 Summary

This Chapter has explored the historical models of dyslexia, none of which has been entirely abandoned or superseded. It has pointed out some of the tensions which this range of models engenders in the educational world, and considered an alternative approach. The next Chapter looks in detail at educational responses to the concept of dyslexia.

Chapter 3: The political context: educational responses to dyslexia

3.0 Introduction

In this Chapter, a chronological approach is again adopted, in order to expand upon the context for the study and set out the background to the variety of educational experiences reported below. The Chapter concludes by examining the recent expansion in official publications concerning dyslexia in HE, and pointing out some gaps in the literature.

3.1 Educational responses to dyslexia

As the NWP points out, the steadily increasing number of Higher Education students who identify themselves as dyslexic, and the legal status of dyslexia as a disability (see sections 3.9 and 3.10 below), constitutes a challenge to the sector (Singleton ed. 1999). An essential element of the context of the present study is the political one: how is the education profession to respond to the phenomenon of dyslexia?

Pumfrey and Reason (1991) suggest that the responses of individual professionals depend on their training. There is one of several extensive historical surveys of the growth in knowledge about, and response to, dyslexia (Ott 1997; Miles and Miles 1999; Anderson and Meier-Hedde, 2001). It is not useful to repeat this work. What follows is a fresh look at responses to dyslexia in the twentieth century, in terms of the images of it which are revealed by those responses. The sequence will be approximately chronological, as far as such an approach allows for logic and clarity.

In Britain, the earliest educational responses to dyslexia took place in a medical context; in the 1940s, specialist 'clinics' were held by neurologists at two hospitals in London (Scott 1991). In 1964, Critchley wrote the first British attempt to sum up current knowledge ('Developmental Dyslexia'), later revised (Critchley 1970). The Preface to the revised edition shows that he saw the audience of his book as consisting of '*doctors, parents, teachers or psychologists*'

(Critchley 1970:ix); he sees the nature of dyslexia as medical, but the effects as purely educational.

In terms of teaching methods, a more influential event had meanwhile taken place in the USA: the private publication in 1956 of Gillingham and Stillman's systematic teaching kit (Gillingham and Stillman 1956), which influenced many of the approaches still in use today (Ott 1997), such as Hornsby and Shear's 'Alpha to Omega' (Hornsby and Shear 1975). As Hornsby (2000) told me: *'We are all really building on what they espoused then'*. A key aspect of this structured, phonic-based approach is that it is individualised; the image of dyslexia behind it is an educational disability – the 'word blind' being helped to 'see' words by building them up from their component parts – and the assumption is that the student will be taught individually (Hornsby 1980).

The 1960s in Britain saw several events and innovations in connection with dyslexia. In 1962, the Invalid Children's Aid Association (ICAA) held a conference at St Bartholomew's Hospital entitled *"Word Blindness or Specific Developmental Dyslexia?"* This meeting showed that although the problem was beginning to be seen as concerning language as a whole (i.e. the appropriateness of the term 'word blind' was being questioned), the matter was still the domain of 'invalids'; the conference proceedings (Miles 1962) were published by a medical imprint. That conference led to the establishment in 1963 of the Word Blind Centre in London, which continued for nine years. (It was not an original idea: the first Wordblind Institute had been opened in Denmark in 1936.) The London centre inspired the founding of voluntary local dyslexia associations, eight of which were set up between 1965 and 1972, the year of the formal founding of the British Dyslexia Association: *'Here at last was a political ginger group to help bring the matter before both Parliament and the public'* (Radnor 2000).

The 1960s also saw the foundation of the first British specialist schools for dyslexic children, and in 1969, the first dyslexia-related teacher training in Britain was organised by the Bath Association. Also in 1969, a Bill entitled 'Children with Learning Disability' was introduced in the US Senate. 'Learning disability' is the term used in the USA for what is known in the UK as 'specific learning difficulties'

(which include dyslexia). The very label indicates that the issue is seen as one of disability.

In Britain however there was for many years a debate not only as to the label, but also as to the very existence of dyslexia. In 1966, the nascent British Dyslexia Association was involved in an international conference of special needs educators held in London; a B.D.A. account of its first 25 years described the 1966 conference as '*crucial to the development of the dyslexia movement in Britain*' (Scott 1991:10). An alternative view is that the wide range of professionals who attended may have had vested interests in the expansion of special education. Furthermore, the influence of groups with access to centres of power (Oliver 1988) (see below for speeches in parliament) may coincide with the interests of educational institutions which hope to remove demanding students.

These mutually developing groups were, however, constrained in the 1970s by factors which confronted the previously humanitarian view of social policy: economic crisis and cut-backs in public spending (Oliver 1988). The dominant ideology moved from 'doing good' to seeking ways of obtaining an economic return on investment. However, it was only after the 1979 general election that the notion of disabled people having to compete for scarce resources was openly discussed. Solity and Raybould (1988) imply that the 1981 Education Act (see below) was driven by economic considerations, to the extent that integration of 'special needs' children would allow for the closure of special schools and consequent saving of extra allowances paid to their staff.

In terms of official responses to the concept of dyslexia, a note of dissent had been struck by the Plowden Report on primary education, published in 1967. In a section headed 'Standards of Reading', Plowden states:

Some of our witnesses have suggested the existence of specific developmental dyslexia (sometimes called word blindness), a failure in reading which is thought to be due to neurological causes. There are so many possible reasons for poor reading (...) that it is difficult to be sure whether specific dyslexia exists as an independent factor (Plowden 1967:214).

As an argument against the existence of dyslexia, this fails, because if it is anything, dyslexia is much more than reading difficulty; however, it expresses a then prevalent view and may be said to have contributed to the image of dyslexia as a purely educational matter.

Critchley (1970) makes it clear that part of his motivation for writing is to counter such opinions. In 1968 he had used his influence to bring about an event of more global significance: the World Federation of Neurology published its definition of dyslexia referred to in section 2.1.3 above. I refer to this again not only because this definition is still being quoted in literature on dyslexia (Doyle 1996), but also because it both established the 'IQ/attainment discrepancy' concept and influenced subsequent educational responses, using as it does the term 'disorder'.

Thus far it is clear that in Britain in the first part of the twentieth century, educational responses to dyslexia were small-scale and localised. Helen Arkell, herself dyslexic, opened her Centre in 1972 in Surrey. A report on research by the Helen Arkell Dyslexia Centre into ways that children learn to spell was published in June 1999, and is available from the DfES Publications Centre (Brooks and Weeks 1999); this is an indication of the penetration of the educational 'establishment' by such bodies. (This may be said to have begun in 1973, when BDA representatives had their first meetings with officials at the D.E.S.)

1972 was a busy year for dyslexia. Not only did it see the formation of the BDA and the Helen Arkell Centre referred to above, but also the Dyslexia Institute (DI) was founded near London for the assessment and teaching of dyslexic people and teacher training; it opened its first outposts in 1976 and rapidly obtained charitable status. (*'Another important episode in the whole history of dyslexia took place when Mrs Wendy Fisher formed the Dyslexia Institute'* - (Radnor 2000)). It has grown considerably to its present extent of 24 local branches, now employs some 220 teachers (Dyslexia Institute 2000) and is often regarded as the principal source of information on dyslexia in towns where its branches are found. The DI's influence is thus out of proportion to its size; like the BDA, it had access to the House of Lords, as Lord Radnor was for a time both Chairman of the BDA and President of the DI. A 1979 leaflet from the East Sussex Dyslexia

Association included a campaigning element among the Association's 'aims and objects'.

3.2 Legislation

1970 saw the first reference to dyslexia in UK legislation. The Chronically Sick and Disabled Persons Act required LEAs to provide '*special educational treatment (...) for children suffering from acute dyslexia*' (HMSO 1970: Section 27). The placing of this requirement in such an Act indicates the then current view of dyslexia as a medical matter. Lord Radnor believes this Act to have been a '*most important moment:*'

It was then at last on the Statute Book, but unfortunately was described there as a disease and not as a disability (Radnor 2000)

Alfred Morris MP wrote for Dyslexia Review in 1974, explaining that his aim in Section 27 of the Chronically Sick and Disabled Persons Act had been to '*put dyslexia on the map, so to speak, by mentioning it for the first time in an Act of Parliament*' (quoted in Fisher 1974:1).

This legislation led to a further governmental response, as the Secretary of State sought clarification of the dyslexia issue. He turned to the Advisory Committee on Handicapped Children (such a committee being seen as the right forum for consideration of dyslexia, as it was a handicap), and the result was the Tizard Report: 'Children with specific reading difficulties' (Tizard 1972). This report echoed Plowden in rejecting the existence of specific developmental dyslexia, and proposed the expression 'specific reading difficulties' instead. It also expressed the view that there was '*a continuum spanning the whole range of reading abilities from those of the most fluent readers to those with the most severe difficulties*' (ibid. para. 8). Unfortunately for educational provision, Tizard failed to make progress in relation to the Chronically Sick and Disabled Persons Act, in that the report did not explain precisely the characteristics of those with specific reading difficulties. However, the proposal of the new terminology may be said to indicate a slight shift towards a 'scholastic' as opposed to a 'medical' view of dyslexia, as Tizard did refer to writing, spelling and number difficulties (as had the WFN definition of dyslexia in 1968).

Asher Tropp, Professor of Sociology at the University of Surrey, responded to the Tizard Report by expressing the view that the Tizard Committee had not seen sufficient evidence:

The scientific literature on "dyslexia" is now huge (....) I can, of course, recommend to you a wide range of scientific literature from many countries in the world and over eighty years (Tropp 1974:5).

His repeated use of the word 'scientific' prefigures the Orton Society's formula, which says of dyslexia that while 'the differences are personal', 'the understanding is scientific' (Rawson 1988). Tropp believed that Tizard offered a striking programme for educational reform which would, if fully implemented, give the dyslexia lobby everything it could ask of the government. He also comments:

The controversy over "dyslexia" is not (...) one between firmly established scientific knowledge on the one hand and a group of axe-grinders and neurotic middle-class parents on the other (op. cit.:5).

This tension was so widespread in the 1970s that it amounts to an image of dyslexia in its own right. Dyslexia Review, Issue 12 (winter 1974) quoted two items from Times Newspapers that year. One referred to

(...) the overzealousness of middle class parents who are suspected of preferring to label their dull children dyslexic rather than 'backward' (The Times, December 9th 1974).

The other claimed that

Dyslexia, often believed to be a middle class affliction, is just as widespread among the working class and has a far worse effect on them (Times Educational Supplement, 15th November 1974)

I was a young primary school teacher at the time, and comments at staff development sessions held in response to the Bullock report 'A Language for Life' (Bullock 1975) made it clear that dyslexia was indeed regarded as an issue of middle-class pressure. Bullock was the report of a committee of inquiry into all aspects of the teaching of English. It failed to clarify matters as far as dyslexia was concerned; however, it raised the profile of dyslexia as an issue for mainstream schools to consider. The Report was discussed in Dyslexia Review, which noted that 'the report does state that dyslexic children should be given special

diagnosis and treatment at reading clinics, "a facility which should be available in every authority" ! (Vernon 1975:9). In spite of this medical language, the debate had moved out of the paediatric consulting clinic and into the classroom.

3.3 Campaigning

The Summer 1975 issue of Dyslexia Review included an article by an anonymous psychologist, who divided reactions to dyslexia into six labelled categories, among which were 'hot gossellers' ("Bystander" 1975). The author described these as '*indignant about the humiliation inflicted on dyslexic children at school by ill-informed teachers*' (op. cit.:19). This implies that the DI was as keen as the BDA to 'spread the word'.

On 5th February 1975 the House of Lords witnessed the maiden speeches, focused on dyslexia, of Lords Renwick and Radnor. Lord Renwick spoke of his dyslexic son, referring to '*the lone child who feels a sense of failure that I am sure has to be experienced to be understood*' (quoted in Stewart 1975:3). In the same debate, Lord Crowther-Hunt, Minister of State at the DES, paid tribute to the work of the BDA. [Since Pumfrey and Reason (1991) included a Chapter entitled 'Emotional and Social Factors' and called for further research into these, there has been more relevant literature. However, at the time of Lord Renwick's speech, there was little; Critchley (1970) was again ahead of the field by including a Chapter on 'Psychiatric Repercussions'. For more on this area, see Chapter 5.]

Lord Radnor's maiden speech put the IQ/attainment discrepancy view of dyslexia, referring to young people '*failing to fulfil their full potential*' (quoted in Stewart 1975:3).

3.4 A report on adults

As far as I can determine, the first publication by any kind of 'official' body to look at dyslexic adults was a British Council for the Rehabilitation of the Disabled (REHAB) report entitled 'People with dyslexia (Kershaw 1974). It included recommendations for further and higher education, and some brief case studies

to illustrate 'specific problems at University level'. This was almost certainly the first UK publication to include material on dyslexia in higher education. The image of dyslexia conveyed by this report is of the exclusionary school (*'we would also wish to exclude such other causes as social and cultural deprivation and emotional disturbance'*, *ibid.*:5), but basically sees dyslexia as an academic issue, pointing to difficulties with mathematics and music as well as reading and spelling.

The difficulties enumerated in Kershaw's 1974 case studies of University students are substantially the same as those being reported to me in my present professional role. The Report recommends the provision of an amanuensis for examinations, a practice which is now wide-spread; it also comments on the amount of time a dyslexic student takes to study books and to write, and suggests staying on for an extra academic year, a proposal which has not found favour. The REHAB Report, in calling for further research, refers to *'various areas such as visual, auditory and kinaesthetic perception, integration or central processing, genetic and emotional factors'* (*ibid.*:147), and uses the term 'syndrome' (thus showing that it sees dyslexia as a 'pattern of difficulties', to use Miles' phrase, although the first edition of his book of that title was not published until 1983).

3.5 Examination arrangements

Like the REHAB report (Kershaw 1974), the BDA had also been looking at special arrangements (then referred to as 'concessions') offered by examination boards. In 1980, the BMA had tried to bow out of its role in this, stating in a letter to the Schools' Council for the Curriculum and Examinations that questions of dyslexia were the province of the EP and not of the general practitioner (Anon 1980). By 1981, the majority of examination boards were asking for an EP's report, but some still mentioned a medical report as an alternative (Matty 1981).

The prominent role of the medical model was such, however, that the BMA was invited to take part in a meeting in 1979 with the Schools Council, the CSE and GCE Boards. They were unable to formulate a working definition of the term dyslexia. However, the BMA was unwilling to be involved; its 'News Review' in

January 1980 stated that, while children were often taken to their GPs in connection with reading difficulties, doctors were not competent to carry out an assessment which should be the province of an EP (Anon 1980).

3.6 Personal stories

Meanwhile, dyslexia had been making appearances in the media. In August 1975, BBC2 broadcast a documentary called 'If you knew Susie', featuring the British actress Susan Hampshire. The producer later wrote:

Susan (...) could say "Some experts believe it exists, some don't. But I believe it exists, I believe I am dyslexic, so come and look at it through my eyes. This is my world of dyslexia" (Dale 1976:13).

What sort of world was presented? The producer was convinced, after consulting what he termed 'a list of experts in the field', that 'in a "normal" person the one dominant hemisphere controls and inter-switches all the functions concerned with reading and writing', but in a dyslexic person 'the direct connectors between the hemispheres are so few in number that they're of very little use' (op. cit.:14-15). The continuing prevalence of the cerebral dominance approach is shown by the fact that nine years after the BBC documentary, an authority such as Hornsby (1984:129) was still describing 'a confusing traffic jam of nerve signals (...) in the corpus callosum between the language areas in the opposite sides of the brain'. Indeed, ten years further on, a dyslexic woman wrote an article for the BDA entitled 'My brain is wired differently' (Stacey 1994).

Early in the 1980s came the publication of several books about personal experiences of dyslexia. 1981 saw the British edition of the American psychotherapist Eileen Simpson's 'Reversals' (Simpson 1981), sub-titled 'a personal account of victory over dyslexia'. Simpson broadly takes the view that dyslexia is a syndrome, in that she refers not only to reading difficulties but also to spelling, speech, sense of direction, map-reading, use of numbers and memory for names. However, she also uses other medical language, writing of seeing herself as 'cured' of her 'symptoms' (ibid.:217).

In the same year, Susan Hampshire published *'Susan's Story', 'her remarkable life and battle with words'* (Hampshire 1981). The publisher's text on the back cover stated:

dyslexia is word blindness, the learning difficulty that turns ordinary sentences into meaningless tangles of jumbled letters.

Hampshire's own text is somewhat less alarmist, and takes a neurological view: *'the section of the brain governing language does not function properly'* (ibid.:3). Because of Hampshire's fame, her book received wide publicity, and the coverage in the media must have been seen by many dyslexic adults.

1981 also saw the publication of a different kind of personal memoir: Jean Augur's story of bringing up her three dyslexic sons (Augur 1981). Like Hampshire, Augur presents dyslexia in a neurological manner (*'one or more of the pathways to his brain necessary for reading and spelling has not fully matured'* ibid.:2). Such 'celebrity cases' have the effect of popularising the concept of dyslexia and may have influenced the views of dyslexic students, their families and their teachers. In this way, dyslexia becomes part of what Barton and Hamilton (1998:20) call a *'public narrative'*.

To sum up: the first seventy years of the twentieth century saw the simultaneous flourishing of these strands of response to dyslexia:

- It was seen as a 'disorder' and a 'disability'
- The key to it was seen by many as a discrepancy between 'ability' or 'IQ' and educational attainment; it was thus often regarded as having purely educational implications, mainly involving reading
- There remained a substantial body of opinion, among both psychologists and teachers, that there was no such thing as dyslexia (for example, the Plowden and Bullock Reports).
- There were increasing numbers of 'campaigners', who sought publicity and increased provision for dyslexic people.

3.7 Warnock and the 1981 Education Act

In UK educational terms, the major event of 1981 was probably the Education Act, arising from the Warnock Report (Warnock 1978), described by Riddell

(1996:93) as containing '*radical elements*'. The Report was the work of a Committee of Inquiry into 'the education of handicapped children and young people'. Warnock introduced the concept of 'special educational needs', and stated that:

(...) there are (...) children whose disabilities are marked but whose general ability is at least average and for whom distinctive arrangements are necessary (Warnock 1978: para 11.48).

Baroness Warnock wrote recently:

We were specifically told that dyslexia did not count among officially recognised 'handicaps'. It was still thought to be a middle-class invention, to cover the tracks of stupid middle-class children. I was sure at the time that this was not true, but there was a study to be done. But when we re-invented the ground rules – thinking not of what was wrong with children, but of what they needed – the concept of dyslexia re-introduced itself, inevitably. (Warnock 2000)

A major outcome of the Warnock Report was the adoption of the concept of 'children with special educational needs', to cover the previous range of labels (such as 'educationally subnormal'). The temptation to add some terminology was not resisted, however; we owe the wide acceptance of the expression 'specific learning difficulties', which is still current, to Warnock also (Warnock 1978: para 3.26). This time however, it may be that the new term was of some use (if only because it was not associated with what were seen as middle-class pressure groups). Pumfrey and Reason (1991:213) surveyed 882 EPs, of whom 87% found the term 'specific learning difficulties' useful, compared with 30% who liked the term dyslexia.

A further outcome was the official recognition of a 'discrepancy definition' of what is in effect a 'coded' reference to dyslexia (contained in Para 11.48 of the Warnock Report, quoted above). Here is a government-sponsored report, published ten years after the WFN (1968) definition of dyslexia with its often paraphrased words '*despite conventional instruction, adequate intelligence and socio-cultural opportunity*', which effectively accepts that such a discrepancy can be the key to identification.

Before Warnock, special education was focused on individual assessment, with remediation usually taking place by withdrawal from the classroom or special school placement (Bines 1988). Warnock not only rejected the system of statutory categorisation of children, substituting the concept of a continuum of 'needs', but also proposed an advisory role for special needs teachers, so that some children might be supported in mainstream groups.

The subsequent Education Act in 1981 enshrined Warnock's recommendations in law. It contains the term 'learning difficulty', which Pumfrey and Reason call '*disastrously ill-defined*' (op. cit.:24). The parliamentary debate which led to this Act was aware of the question of attaching legal status to dyslexia. It heard various statements by the Under Secretary of State for Education, and by the Minister of State, about dyslexia. The Minister clearly took an 'educational' view:

Whatever the cause or nature of the condition commonly called dyslexia, its manifestation is that the child has difficulty in reading, writing and spelling. The degree of difficulty should be revealed by assessment... (Hansard, 14th January 1981)

He added that the removal of categories of handicap which the Bill contained (for example 'educationally sub-normal'), and the new arrangements for the assessment of special educational needs, would '*end the arguments which have taken place over what is dyslexia*' (ibid.). Although these procedures include a role for parents and a nominal voice for the person to whom it all applies, the 'multi-disciplinary assessment' system asserts the sovereignty of professional opinion.

The Under Secretary of State later referred to

the baffling condition popularly known as dyslexia, a category which is difficult to pin down but which exists as a learning difficulty. Of that there is no doubt. That group will be covered by paragraph (a) of the definition (Hansard, 10th March 1981).

Unfortunately, the eventual Education Act (HMSO 1981) failed clearly to identify children with special educational needs. It stated in Clause 1 that:

For the purposes of this Act a child has "special educational needs" if he has a learning difficulty which calls for special educational provision to be made for him.

Subsection (a) of that Clause states that:

A child has a "learning difficulty" if he has a significantly greater difficulty in learning than the majority of children of his age.

There then began a period of case law creation, during which many parents took legal action, appealing to the parliamentary ombudsman and to the Secretary of State in the attempt to force their LEAs to issue a 'Statement of Special Educational Need' under the Act (which obliged a school to provide the extra help specified in a multi-disciplinary assessment). Some cases (such as *Regina v. Hampshire County Council* in 1985) achieved considerable publicity, and specialist legal advisers made careers out of it. It was a time before mobile telephones; I had anecdotal evidence that one legal adviser roamed central and southern England in her BMW interviewing parents, while would-be clients vainly attempted to reach her by answering machine and fax.

A working party of the Division of Educational and Child Psychology of the BPS (Cornwall et al. 1983) reported that the 1981 Education Act had encouraged groups such as the B.D.A. to press for resources. The report stated:

The medical model with its disorder/disease-treatment orientation and the psychological model with its emphasis on learning process and products almost inevitably lead to contrasting interpretations of certain (...) reading difficulties (ibid.:9).

It added:

Parents and professional workers will no doubt continue to use the term dyslexia and EPs should accept that this is so, though they may wish to view the term only as a descriptive label, having no aetiological implications (ibid.:19).

3.8 More activity by the BDA

The BDA reported (Jones and Davies 1983) that in Shropshire, the newly formed Dyslexia Association had joined with the Schools Psychological Service in holding a series of meetings for parents and teachers. The article, co-written by the County Chief Psychologist, mentions '*constructive, mutual support and an*

ongoing dialogue' (ibid.:3); it also abjures '*recourse to a medical model*' and '*being over-exclusive*' (ibid.:2).

The BDA had by now set up a Diploma course for teachers wishing to specialise in dyslexia support. In May 1986, this was validated by the Council for National Academic Awards; at that time, 153 teachers were taking the course at 14 centres, some (including the author) supported by a trust fund set up by the BDA with commercial sponsorship.

In 1987, the House of Commons Select Committee for Education invited the BDA to submit a memorandum on the implementation of the 1981 Education Act, and the Under Secretary of State for Education said in Parliament on 13th July 1987:

The Government recognise dyslexia(...) The important thing is to be sure that something is being done about the problem (quoted in Scott 1991: 17)

In that same year, a Wiltshire student called Richard Challis became the first candidate to be allowed to use a word processor in public examinations because he was dyslexic (ibid.:18). Challis said that he was interviewed for radio, television and newspapers, including the Sunday Times. (This happened only five years before I interviewed my respondents, so it is possible that several of them saw or heard it.)

After more than ten years of delays and inconsistencies, and further prominent 'cases' (e.g. *Regina v. Secretary of State for Education and Science ex parte Davis* in 1988), the DfEE published its own research in 1992 which concluded that specific learning difficulties cause undue anxiety to parents and, in the worst cases, damage to a child's education at a critical stage of development. One result of this was the Education Act 1993, which the government hoped would eradicate delays over issuing Statements and inconsistency between LEAs. The Act included a Code of Practice, setting out a five-stage model for identifying, assessing and supporting children with special needs. It reproduced almost verbatim the definitions of special educational needs given in the Act of 1981. The BDA nevertheless welcomed the Code of Practice, noting however that LEAs and school governors were required to 'have regard' to it: '*What is "regard"? That remains to be seen*' (Orton 1994:8). The Code set a time limit for LEAs to

produce a Statement of Special Educational Need, required every school to have a special educational needs co-ordinator, and set up a Tribunal and Appeals Committees to adjudicate on disputes.

3.9 Ideological implications of legislation

The Education Acts of 1981, 1993 and 1996 refer to learning difficulties, but there remains the question of the way in which such difficulties are construed. A member of the Warnock committee wrote:

The degree to which situations are handicapping is determined by the community, and its attitudes and its provision for individuals who form part of it (Fish 1985:5).

It thus appears that at the time, there was a degree of shift towards a conception of 'special needs' as socially created. Yet as Tomlinson (1982:162) reminds us:

(...) when challenged, the education system will defend itself by reverting to innate, individualistic explanations stressing the pupils' deficiencies.

This approach has been given added impetus in recent years by such factors as financial delegation to schools, and league tables. Riddell (1996) maintains that managerial issues, such as pressure for school and teacher accountability, are bringing about a return to the search for within-child deficits. This coincides with the demands of pressure groups such as the dyslexia lobby, which wishes to present dyslexic people as a separate group with congenital difficulties. Where it was once frowned upon, the word dyslexia has begun to appear in government publications (DfE 1994; HEFCE 1995; DfES 1999; DfES 2001).

The dyslexia lobby includes charities such as the BDA, which uses a medical model of dyslexia/disability as a fund-raising strategy. This matches the approach of other social welfare charities which present medical descriptions of specific diseases to the public, and focus on what Riddell calls '*ameliorative, palliative and consolatory activity*' (op. cit.:151).

Meanwhile, private schools which cater for dyslexic children continue to flourish. The website of one (Ewart, 2001) pays lip-service to LEAs' efforts to teach '*moderately dyslexic*' children in mainstream schools, but adds that the special

school's concern *'is with the severely dyslexic minority who need a more intensive and holistic approach'* (ibid.). However, there is still a debate about the best setting in which to educate such children (Anderson and Meier-Hedde, 2001).

3.10 Disability and dyslexia in Higher Education

The Education Acts of the 1980s and 1990s did not cover Further or Higher education. The 1992 Further and Higher Education Act (HMSO 1992), which set up the 'new Universities' and was focused on funding and administration, instructed (in respect of Further Education) that *'each council shall have regard to the requirements of persons having learning difficulties'* (section 4.2) but made no parallel observation in respect of Universities.

The Dearing Report 'Higher Education in the Learning Society' (Dearing 1997) did not refer to dyslexia. It did however propose widening the participation in Higher Education of members of ethnic minorities, the socio-economically disadvantaged and the disabled, and wider availability of the Disabled Students' Allowance (DSA). The latter was already being claimed by dyslexic students, and many professionals interpreted Dearing's references to the disabled as including the dyslexic (Waterfield 1996 - which did not appear until 1998; Singleton 1999). Between 1992 and 1997, numbers of students claiming the DSA for equipment such as computers tripled (Laycock, 1999). There was also a quadrupling of the numbers claiming the allowance for 'non-medical help' (under which fees are paid for dyslexic students' individual learning support sessions).

Reference to the DSA brings us to the construction of dyslexia in HE. Statistical information on students with disabilities was not differentiated before the 1992 Further and Higher Education Act; in the days of UCCA (the Universities' Central Council for Admissions) and PCAS (Polytechnics' Central Admissions Service), University and Polytechnic application forms contained only one tick box for 'disability'. The current Universities and Colleges Admissions Service (UCAS) form has boxes for nine different types of special need, including 'specific learning difficulty' (Hurst 1996). The report (HEFCE 1995) on HEFCE's 1993-1995 'special

initiative' for the support of disabled students indicates that the majority of applications for project funding was for dyslexia-related work.

In terms of legislation, Dearing had been preceded by the Disability Discrimination Act (DDA) (HMSO 1995). This was focused on employment issues, but did allocate responsibility for disabled students to the Funding Councils for Higher Education. The guidance notes to the Act referred to 'severe dyslexia' as falling within its definition of a disability (which identifies a substantial adverse effect on a person's ability to carry out normal day-to-day activities). The Disability Discrimination Act has now been extended by the Special Educational Needs and Disability Act (SENDA) (HMSO 2001), of which the Code of Practice gives many examples of ways in which discriminatory practices involving dyslexic students may be illegal under its terms.

The report of the NWP (Singleton 1999) stated that the major dyslexia-related controversy in HE was not focused on the existence of dyslexia, but on the right of dyslexic students to be in HE at all, and ways in which they should be identified and supported. In an article on developments since the Report was published (Singleton et al. 2001), the authors state that the sector is continuing to struggle with issues connected with overall institutional and national policy, staff development and institutional awareness, admissions, identification and assessment, evaluation of needs and provision of support, counselling, examinations and careers. They conclude:

Dyslexia support is an equal opportunities issue. Dyslexic students need the right opportunities to learn the necessary skills for higher education and to demonstrate the skills and knowledge they have acquired. They need access to the learning methods that will enable them to use unorthodox learning approaches and they need provisions that will minimise the effects of their dyslexia. A level playing field should be provided. It is likely to be bumpy, but then so it is for most people in different ways at some time. (ibid.:5).

Singleton and his colleagues adopt a medical model of dyslexia, focusing on defining it as a disability and placing the 'problem' within the student (see the

word 'unorthodox' in the above extract). However as this Chapter has shown, there are other models of dyslexia available.

There are people who have a recognisable pattern of strong and weak areas which often occur together. I have worked with many of them as a learning support tutor over the past twenty years. Some authors see this as a syndrome or condition i.e. an essentialist view. Another view is that the disability discourse constructs the condition. A third view is that if the academy were less insistent on its autonomous model of literacy practice, there would not be a problem. The debate continues.

3.11 Summary

As an overall context for the present study, Chapters 2 and 3 have identified the principal extant models of dyslexia and educational responses to it. This Chapter has surveyed educational responses to the concept of dyslexia in Britain over the last 50 years. This has been a period of campaigns by groups and individuals, publication of personal stories and the gradual insertion of dyslexia into public policy and legislation. While there remains a network of private assessment and support centres across the country and a sizeable publication industry, the debate in HE as the new century begins is moving on to the equal opportunities and widening participation agenda.

At the time when this study began, there was very little literature on the affective and social aspects of dyslexia or about dyslexia in adults and Higher Education. This situation has since changed to some extent, but the field is still lacking in studies of the views and experiences of dyslexic University students. The next Chapter will look at the literature on self-image and identity, as the detailed context for a study which focuses on those socio-emotional dimensions.

Chapter 4 : Self-image and identity

4.0 Introduction

This thesis concerns itself with the personal experiences and self-image of dyslexic students. The terms 'identity' and 'self' form part of this discussion; this Chapter explores the definitions of those terms. Chapter 5 will link them with the socio-emotional aspects of the concept of dyslexia.

One dictionary of psychological terms (Reber 1985:341) defines 'identity' as '*a person's essential, continuous self, the internal, subjective concept of oneself as an individual*'. Reber defines 'self' as '*the compelling sense of one's unique existence, what philosophers have traditionally called the issue of personal identity*' (ibid.:675). Ivanic puts it in more down-to-earth terms:

The word 'identity' is useful, because it is the everyday word for people's sense of who they are (Ivanic 1998:10).

This sense inevitably involves the body; '*the pulsating organs which I inhabit are a constant part of my feeling and thinking*' (Craib 1998:10). Chief among these organs is the brain: conscious awareness consists of cognition, which includes memory and beliefs (Temple 1993; Stevens 1996a; Pinker 1997). But we also have a sense of agency: the ability to act and influence events (which involves responsibility). With this comes a sense of reflexive awareness, i.e. the ability to 'stand back' and reflect on experience. As Craib (1998:33) explains, Sartrean existentialism reverses Descartes' cogito so that it reads '*I am, therefore I think*'. The 'Nausea' of fear powerfully expressed by Sartre (1938) in his first novel is caused by the knowledge not only that 'I' am both subject and object, but also that 'I' have freedom to choose the meaning my life will have.

However, reflexivity involves other people. ('*L'enfer, c'est les autres*' is probably the most memorable quotation from Sartre's play 'Huis Clos' or 'In Camera' (Sartre 1947)). We have both personal identity and social identity:

The kind of person we are and can hope to become is grounded in the social practices and the ways of thinking and communicating that we assimilate from the social settings in which we live.

(...) one way in which a person's sense of self is constructed by other people is that we are influenced by how others seem to regard and respond to us. That in turn will depend on how they categorise us, the role they place us in.... (Stevens 1996a: 21 and 22).

As well as memory and beliefs, the experience of being a self, an 'I', includes emotions, which may be both conscious and unconscious. According to the theory of transactional analysis (influenced by Freud), we begin unconsciously writing the 'script' for our life pattern early in infancy (Berne 1972; Stewart and Joines 1987). Each of these ways of conceiving of identity (the biological, the cognitive-experimentalist, the experiential, the Freudian and social constructionism) has consequences for dyslexia, which are explored in Chapters 8 to 11.

Furthermore, each of these aspects of the self is interwoven with the others; they will now be considered in turn, and their connection with the concept of dyslexia explored.

4.1 The biological view

It is possible to adopt an entirely biological view of the self (and much of the literature on dyslexia cited in Chapter 2 is also biological in emphasis). Genes and hormones do indeed influence our behaviour, and the brain is the seat of consciousness and emotion (Pinker 1997; Temple 1993). It is also the seat of memory, without which we have no sense of continuity.

A biological view of consciousness holds that conscious experience is a property of the physical brain, and depends upon the integration of its various parts and their functions; furthermore, it is possible to identify chemical substances whose presence in the brain 'causes' emotions (Toates 1996). Toates also refers to Singer's 1993 work on the relationship between affective states and discrepancies between a person's self-belief categories (such as 'actual self', 'ideal self' and 'ought self'). People with large discrepancies between actual self and ideal self

were found to be prone to depression, associated with a lack of serotonin (Singer 1993). EPs with a biological view of dyslexia tend to write reports which not only ascribe dyslexia to brain deficits, but also spell out discrepancies between intellectual 'potential' and academic attainments such as reading and spelling ages; the creation of an 'ought self' is thus initiated. This practice thus exemplifies the complex interaction between biological and social processes (Stevens 1996a; Toates 1996).

In his provocative book "*The Learning Mystique*," Coles (1989) inveighs against the concept of learning disabilities and minimal neurological dysfunction. He rejects the search for biological variables:

Put succinctly, the alternative perspective suggests that learning difficulties (...) develop not from within the individual but from the individual's interaction within social relationships (ibid.:369).

Coles believes that it is possible to explain the development of an individual's learning problems and neurological make-up as part of the totality of social interactions (with parents, teachers and 'experts'). Sigmon (1989) supports this view. Seeking to connect the social foundations of education to 'special education', he proposes that before a person is classified as 'learning disabled' (under the assumption that s/he is suffering from a neurological dysfunction), we must first explore other possibilities such as motivation, knowledge of learning strategies, and previous amount as well as quality of instruction.

Knowledge of learning strategies involves metacognition (Hunter-Carsch, 2001), which is difficult to carry out without awareness of one's cognitive style. '*It appears very likely that cognitive style is the missing piece in the jigsaw of understanding the self*' (Riding and Rayner, 1998:190), since it '*has been shown to affect learning, feeling, decision making and social behaviour*' (ibid.). This link between cognitive, affective and social factors will be addressed in Chapter 7 et seq.

4.2 The cognitive experimentalist view

The latter point links with looking at the self from a cognitive experimentalist perspective, examining intrapersonal processes such as attribution (as is involved

in the concept of 'learned helplessness' (Butkowsky and Willows 1980) and motivation. However, once again such explanations cannot be understood without reference to social processes such as cultural influences (Lalljee 1996).

Lazarus and Smith (1988) set out a distinction between two types of cognition relevant to emotion, which they describe as "knowledge" and "appraisal":

Knowledge has to do with the facts of an adaptational encounter, whereas appraisal defines the personal significance of an encounter for well-being (ibid.:281).

Knowledge, they state, requires an additional process of appraisal to produce an emotion, but appraisal directly influences whether an emotion will be generated. As psychologists, Lazarus and Smith are interested in the way emotions are brought about; the work is relevant to the dyslexia context to the extent that they emphasise that emotional reactions are based on personal meaning, that appraisal is linked to a person's well-being, and that appraisal is different from knowledge. For example, stress may be seen as resulting from a personal appraisal of the relationship between environmental causes and the demands they make on coping strategies.

Further light on this is provided by Bryan (1986). Her Chapter entitled "Personality and situational factors in learning disabilities" raises the issue of "learned helplessness":

Individuals who hold learned helpless attributions believe that events are the result of uncontrollable factors (ibid.:218).

Butkowsky and Willows (op. cit.) also looked at learned helplessness, in a study of children with varying degrees of reading ability. They list the indicators of '*this perceived independence of response and outcome*' as including '*passivity, lack of persistence in the face of failure, negative self-attitudes about intellectual performance and competence, and lower self-esteem*' (ibid.:410). As Bryan (op. cit.) points out, the significance of learned helplessness includes the fact that there is not always a direct cause and effect relationship between reading success and positive self-esteem, since some students feel unable to take personal credit for their success. She adds:

The parallels between descriptions of learned helpless attitudes and behaviours and descriptions of the learning disabled are striking

(Bryan 1986:218).

Dyslexic students often believe that task difficulty is more important for success than failure; in other words, they believe that success is more likely to occur because tasks are easy than that failure is likely to occur because tasks are difficult (Bryan, 1986:219). They often do not take personal credit for success; yet responses to coping with failure are critical in determining willingness to persevere when learning is difficult. This implies that affective and motivational variables are as vital as cognitive ones, and also calls into question the special education dogma that it is essential to arrange for success experiences (Hornsby 1984; Pumfrey and Reason 1991).

Undergraduates do not need to be dyslexic in order to feel nervous about giving a presentation or speaking in a seminar. However, when surrounded by those whom they perceive as higher achieving, dyslexic people may judge themselves more harshly, and this may have a depressing effect on their performance (Bryan, 1986:220). On the other hand, success may be attributed to the ease of the task, and failure either to lack of ability or task difficulty. In other words, the locus of control and evaluation is external. The expectation of success felt by children who are poor readers declines rapidly after they experience failure; their academic self-esteem is easily damaged, and those with low self-esteem generally expect to fail (Butkowski and Willows 1980).

4.3 The experiential perspective

A third way of viewing the self is what Stevens (1996a) calls an experiential perspective, involving elements of phenomenological, existential and humanistic viewpoints. As McLeod (1998:88) puts it, '*(t)he image of the person in humanistic psychology is of a self striving to find meaning and fulfilment in the world*'. This image owes much to the European tradition of existential and phenomenological philosophy (Blackburn 1996). The latter perspective focuses on subjective experience, asking questions about how it may be conceptualised and analysed, and emphasises what is experientially real rather than abstract

(McLeod 1998). Rogers (1951) adopted this perspective when he developed humanistic psychology; in therapy, he focused on the 'here and now', the current experiencing of the client.

Existentialist psychology is similar, to the extent that it starts from the perspective of individual, subjective experience (Sartre 1948); it is only by our thoughts and actions that we create who we are and give meaning to our lives (Deurzen-Smith 1988), since existentialist philosophy sees human beings as suffering the anxiety of choice in the face of an indifferent universe (Blackburn 1996). The emotional aspect of this has been pithily expressed by Montale:

*Perhaps one glassy barren morning
glancing round I shall watch the miracle:
right at my shoulder sheer nothing,
with a drunk man's alarm.*

*Then with a flicker, a familiar sleight,
trees houses hills will frantically join.
Too late though, and I shall quietly take
my secret among men who do not turn.*

(Montale 1925) Translation by Robin Fulton

(Fulton 1966)

The model of the person or self which the existential, phenomenological and humanistic perspectives provide, focuses on the study of subjective experience, in particular the search for meaningfulness (Stevens 1996a). As Montale demonstrates, we are able to reflect on the act of experiencing; this concept of the self includes the ability to examine potential sources of meaningfulness and to evaluate possible courses of action – in other words, we are aware of agency and choice. Kelly (1955) described the person as a 'scientist' in this respect, making discriminations about the world in terms of bi-polar constructs. For a person labelled dyslexic, such constructs might include 'good at reading/poor at reading' or 'academically successful/ academically unsuccessful' (Pollak 1993).

In addition to choice and meaningfulness, there is a third existential concern: time. The personal world can be seen as '*a narrative of events*', and involves

'memories of past experiences and anticipation of future ones' (Stevens 1996a:185). This is relevant to the present study in two ways: respondents were asked to review their lives in educational terms, and dyslexic people often have difficulty dealing with the concept of time because it is significantly linear (Herrington 2001(b)).

The 'end of the line', of course, is death. Time cannot be turned back, and all animals are alive for a finite period. Awareness of that fact has generated a wide variety of defences, found in every human society, most notably doctrines of life after death. The psychological perspective which focuses on defences is the psychodynamic, of which more below. It is useful to note (as in the case of the biological and cognitive perspectives) ways in which the experiential viewpoint overlaps with other perspectives. I will give two examples. Firstly, there are inevitably cultural variations in awareness of existential needs to find meaningfulness, to deal with choice and to cope with time. Secondly, an Eriksonian perspective would point out that different existential needs become salient at different developmental stages (Erikson 1950, 1968); this is relevant to the 18 year-old undergraduate, in the process of separating himself from home, who is confronted with fitting 'dyslexic' into his identity picture.

4.4 The psychodynamic viewpoint

Reference to Erikson brings us to the psychodynamic perspective on the self, which assumes that human behaviour is fundamentally determined by the 'unconscious' (Thomas 1996). Although Freud (who originated the psychodynamic concept), Melanie Klein and the British 'object relations' school differed in their views as to the nature of the self (Thomas 1996), they agreed on the centrality of psychological defences against anxiety, and on the belief that conscious awareness is only the tip of an iceberg, most of which is unconscious. Thomas explains:

Psychodynamic theories assume that much of the self is hidden and our subjective experience of selfhood is partial. What we can experience directly is not only the 'tip of an iceberg' but may be disguised by unconscious motives and defences. The closest we can

get to an overall picture of ourselves is through the eyes and ears of another person. (ibid.:312).

That 'other person' was assumed by Freud to be a psychoanalyst. He presented his ideas as a universal theory, and yet they were based on a circumscribed, patriarchal, culture-specific family structure. Nevertheless, the antecedent of the social constructionist and indeed other contemporary views of the self and identity can be said to lie in the work of Freud, whose influence continues to this day although he is under attack (Webster 1995). One example of this influence is the theory of Erikson. Freud believed that the development of the self was completed by the end of childhood (Freud 1953-74); Erikson (1950) devised a model of what he called the epigenesis of personality through eight psychosocial stages (the term 'epigenesis' referring to his hypothesis that each stage develops from the previous one). The first four stages of Erikson's model are very close to Freud's description of childhood, but the analysis of human development from adolescence onwards involves Erikson's best-known work, in which his independent voice emerges (Erikson 1950). He was one of the first life-span psychologists, adding the concept of the psychosocial to Freud's theory of the psychosexual (Erikson 1968).

Erikson defined what he called a psychosocial 'crisis' (effectively a developmental task) for each stage of his model; for the fifth stage (at which 18 to 21 year-old undergraduates would find themselves), he set down the 'crisis' as deciding on an identity focus and repudiating alternatives. Identity for Erikson is '*an evolving configuration*', and this evolution involves a gradual synthesis of awareness of personal capabilities, identification with others and tastes, but also (showing the influence of Freud) defences and sublimations (Erikson 1968:89).

The task of adolescence, Erikson proposes, is to integrate various identifications from childhood together with one's biological endowment, ego defences and the roles offered by society into a more complex identity than one's pre-pubertal configuration. He describes this stage as a time of rituals, both spontaneous (as in adolescents' ritualised relationships with each other) and formal (as in taking a degree). The issue faced by young people at this stage involves the question: to be, or not to be, oneself?

The completion of these 'tasks' associated with each stage is held by Erikson to be essential if the individual is to move on to the next phase; as in the theory of the 'stages' of grieving (Parkes 1972; Bowlby 1980), failure to complete these tasks means that they will re-emerge later in life. However, Erikson is fundamentally more optimistic than Freud; he proposes that as human development continues throughout the life-span, the ego continually develops and adjusts. This, combined with the notion that the sequence of stages is universal across all human cultures, and that the problem of identity is central for all individuals, constitutes Erikson's original contribution to psychology.

It is possible to question the 'universal applicability' element of this. Firstly, Erikson must have had a middle-class, white American male in mind, as the majority of people do not have the freedom to make life choices in the ways he suggests. Secondly, he assumed a degree of stability in society which did not apply very widely outside the USA, and indeed does not even there, any longer. Rather than Erikson's view of an individual having to adjust to fit into a stable society, the contemporary viewpoint might be that the individual has to struggle to maintain a sense of personal integrity in the face of a changing social environment.

However, in terms of the learning life histories of dyslexic students, I take from Erikson the twin concepts of the young undergraduate being still involved with the 'who am I?' decision, and the mature student potentially revisiting fundamental issues from previous stages.

Another psychologist who built on the ideas of Freud is Heinz Kohut, who developed what Wolf terms the 'psychoanalytic psychology of the self' (Wolf 1987:259). As Kahn explains, Kohut proposed that there were two parallel lines of human development, one of which was

the development of the self, which, in the healthy individual, goes on throughout a life-time. In Kohut's view, there are three strong needs that must be fulfilled if the self is to develop fully: the need to be "mirrored," the need to idealise, and the need to be like others (Kahn 1991:84).

All of these needs are relevant in terms of the possible related issues faced by a dyslexic child. Firstly, the parental “mirror” may not tell the child s/he is wonderful sufficiently frequently or vehemently if s/he is perceived as having a ‘problem’. Secondly, the child may not be able fully to idealise a parent who also has dyslexic difficulties, or who appears to favour a non-dyslexic sibling. Thirdly, and most obviously, children need to feel that they share important characteristics with their parents (and indeed other children) – in other words, that they are not too ‘different:’

If these three needs are adequately met, the child develops a healthy self, which entails high self-esteem, a guidance system of ideals and values, and the self-confidence to develop one’s competence. (Kahn 1991:88).

Self-esteem will be considered below. At this point, it is important to note that Kohut’s perspective clearly involves a central role for other people, which leads us to the social constructionist view of the self and identity.

4.5 Social constructionism

This has been excellently summed up by Ivanic (1998): she states that identity is not generated by an individual’s sole efforts, but the self is continually shaped and reshaped through interactions with others and involvement in social and cultural activities. This is what Giddens (1991) calls the ‘reflexive project’ of the self. (See also Denzin 1989; Stevens 1996a.)

From a social constructionist perspective, a person’s identity is thus *the result of affiliation to particular beliefs and possibilities which are available to them in their social context* (Ivanic 1998:12). Seen from this viewpoint, an adult student’s adoption of the label ‘dyslexic’ is a cultural and political act. Furthermore, as Thomas puts it:

The social constructionist view of the self is that we will each be a product of our historical time, culture and subculture. We will create and re-create ourselves. (Thomas 1996:323).

The social and cultural context is thus much more than an 'influence' on identity; social processes and practices play a key role in forming a person's experience and behaviour, and language and discourse are central to those practices.

4.6 The relationship between the perspectives

The potential for any one view of identity to predominate depends in part on the complex philosophical issue of the nature of reality: the question as to whether it exists independently of the person who is thinking about it or perceiving it. The biological and experimentalist perspectives tend to hold that reality can indeed be defined scientifically (Stevens 1996a). Yet the biological view necessarily includes interactive aspects: the body is studied in interaction both with *the environment* and *the social matrix* (Toates 1996:82). Similarly, the experimental perspective involves more than intrapersonal processes; cognitive factors are salient, but these operate in a context of interactional and cultural processes (Lalljee 1996).

The experiential perspective offers the present study insights into the interview process. It emphasises subjective experience and personal constructs. This again involves societal factors; just as we experience contrasting settings such as the worlds of home, work and leisure, so we also as students have to come to terms with different literacy practices in those settings (see Appendix III). However, most importantly, the experiential perspective is concerned with the search for meaningfulness and autonomy, issues which are crucial for all students, but are possibly particularly salient for those who are labelled 'disabled'. This perspective makes certain assumptions: that subjective experience has the capacity not only to represent reality but also to generate (though reflexiveness) the kind of person we become, and furthermore that these concepts are sufficiently fundamental to be unaffected by social and cultural factors (Stevens 1996a).

The psychodynamic view of the self, with its basic assumption that '*the structure, content and dynamics of the psyche are not necessarily available to consciousness*' (Thomas 1996:359), is possibly more valuable in a psychotherapy context than as a tool for social psychology. This would seem to cast doubt on the wisdom of using as research data the reported experiences and beliefs of respondents. However, the core of psychodynamic interaction is the

interpretation of such material. This is relevant to the present study, as is the psychodynamic perspective's emphasis on what Thomas calls the '*residues of emotional experiences of childhood*' (Thomas 1996:360):

Some kind of interpretive approach is essential because to understand the person in a social world requires getting to grips in some way with the web of meanings that constitutes personal life and social worlds (Thomas 1996:361).

Nevertheless, it remains problematic to attempt interpretation of material which includes possibly 'unconscious' meanings and 'defensive' processes.

The concept of different perspectives on the self is itself a construction which identifies alternative approaches both to methodology and epistemology. A persuasive factor in the social constructionist view is the proposal that language and discourse construct social and individual realities. While other perspectives assume the existence of a consistent, self-contained individual, social constructionism posits a '*distributed self which regards a person as made up by all the different kinds of interactions he or she engages in*' (Stevens 1996a:358). Perhaps more importantly still, this perspective questions the possibility of true knowledge which is independent of a person's socio-cultural context. As those who are labelled dyslexic have inevitably been influenced in their view on dyslexia by such contexts, such a perspective is apposite. In interviews, such individuals may construct themselves as dyslexic people, in interaction with the interviewer.

The concept of dyslexia will now be summed up in terms of the perspectives on the self described above. The biological viewpoint is strongly represented in the literature on dyslexia (as seen in Chapter 2), with its emphasis on the neurological aspects of reading, writing and memory. In contrast with this reductionism, the experimental perspective sees dyslexia in terms of cognitive processes, as applied both to literacy practices and to attribution of success or failure. The experiential viewpoint would examine a person's constructs about learning and literacy, and might bring in the prospect of reframing the experience of being labelled. The psychodynamic perspective would relate a person's history of associations and attachments to his or her relationships with teachers, and look both for defensive behaviour and for transference. I propose that while all the perspectives explored here offer valuable insights, the social constructionist

approach is particularly useful for the present study; it examines the total context of a person's experience, looking for ways in which his or her internal narratives have been produced. It also offers a way of suspending the weight of assumptions about dyslexia which have built up over the last hundred years. It will now be useful to explore the potential sources of these internal narratives in more detail.

4.7 Identity and discourse

Social and cultural interaction is inevitably mediated by language. Vygotsky (1962) believed that thought consists of internal dialogues, and that these reflect the cultural values and beliefs of the social world. Such values are of course frequently inculcated in children by teachers; *the very learning activities* (says Stevens) *which form the basis for children's cognitive and conceptual development are those which induct them into particular cultural values and beliefs* (Stevens 1996a:252). This process involves exposure to what Mead (1934) calls the 'generalised other'; Mead described this initially in terms of morality (e.g. 'children shouldn't do such-and-such'), but it might just as easily be construed in terms of educational performance ('children of my age should be able to spell accurately') and descriptions of 'different' children ('if you can't read yet, you're probably dyslexic').

This kind of language has enormous power. Foucault (1976) holds that the world of health care, particularly mental health, is influenced by scientific discourse; from this perspective, the world of 'special needs' education is influenced by psychological 'experts'. Such figures, Giddens (1991) suggests, form part of the '*abstract expert systems*' (such as psychotherapists) which we call upon in order to define ourselves; by extension, as parents and teachers we call upon abstract expert systems (such as Schools' Psychological Services) to define our children – and LEAs continue to demand EPs' reports before they award the DSA to dyslexic University students.

Identity, then, may be seen as a discursive product. Summerfield (1998) believes that when people give personal testimony (for example, in interviews), they are inevitably deploying cultural constructions; she quotes Scott as pointing out that

'no one's personal testimony represents a truth which is independent of discourse' (ibid.:11). The social constructionist perspective is that people are not self-contained and separate, but the self is intertwined with the social context:

Children are, right from the start, negotiating power relations through the dialogues in which they are involved, and which position them in particular ways. This positioning is an important aspect of the emerging social person (Stevens 1996a:264).

Children (and indeed adults) are constantly assessing other people's evaluations of them. As they are also learning through the medium of language practices,

learning a language, learning through language and becoming a particular person are all closely related (ibid.:264).

This process may include the internalisation of language about dyslexia.

4.8 Identity and self-hood : ontological security

The sociologist Giddens (1991:53) writes of 'self-identity', defining this as *'the self as reflexively understood by the person in terms of her or his biography'*. The self as a 'reflexive project' involves, for Giddens, a process of continuous interpretation of one's life history. Ivanic (1998:16) suggests that for students, academic writing plays a significant role in this process; I see a parallel with dyslexia, in that the entire experience of being a higher education student involves, for a person who accepts the dyslexic label, continuous confrontation of experiences which challenge self-concept and self-esteem (and academic writing is foremost among these).

Giddens (op. cit.) writes of the need for ontological security, the absence of which may provoke free-floating anxiety. As Erikson (1968) asserted, the task associated with adolescence involves the decision whether or not to be oneself; it also by definition includes moving on from the early existential problem of coming to terms with external reality, to another existential question: what sort of person am I? This 'I' is embodied as well as mental, and Giddens (1991:57) describes *'routine control of the body'* as essential if we are to be *'accepted by others as competent'*. Dyslexic people who are clumsy, or who confuse left and right or other opposites, often feel that they have failed this test. In this context, Giddens

writes about shame, which he defines as '*essentially anxiety about the adequacy of the narrative by means of which the individual sustains a coherent biography*' (ibid.:65). Shame, says Giddens, depends on feelings of personal insufficiency; the narratives of dyslexic people are frequently replete with such feelings (Burka, 1983).

Dyslexic or not, we are all (according to Giddens) living in '*the late modern age*' (op. cit.:3), which offers a potentially confusing range of socially available options for the self. Ivanic (1998) again relates Giddens' thinking to her own work on the study of identity in relation to academic writing, stating that Giddens' observations are relevant to the way modern social conditions support returning to study by mature students, because

mechanisms exist for people to move into new contexts which will necessitate renegotiating their identities (Ivanic 1998:16).

The negotiation for a person who accepts a discourse of dyslexia involves seeing him- or herself as a competent student.

4.9 Identity and self-hood: self as a range of associated elements

Craib (1998) offers various criticisms of Giddens. He believes that the processes Giddens ascribes to 'late modernity' (a constant questioning of the world through first the natural and then the social sciences, leading to further constant questioning and reconstruction of the self in a lifetime project, i.e. reflexivity) amount more to an ideology than a real process. Furthermore, Craib asserts, the individual is becoming less powerful in late capitalism, as the market '*reduces everybody to an abstract individual equality*' (ibid.:3).

Craib sees the 'self' as incorporating a range of associated elements or processes, among which he includes identity, adding that 'experience' underlies them all. He looks at what he calls '*the sociological notion of identity*' (ibid.:3) as opposed to the psychological or philosophical, and proposes that conventional sociology has concentrated on 'sameness' whereas recent sociology has focused on difference. We associate ourselves with some social groups, and not with others. Indeed, the process of self-categorisation involves not only identifying with similar others, but

also distinguishing oneself from a range of groups of 'others' – it is the boundary-setting and contrast which is important, rather than 'sameness'. As Hall puts it:

Identities are (...) representations, (and) that representation is always constructed across (...) a division from the place of the Other (Hall and du Gay 1996:6).

Hall also describes identity as a meeting point with '*discourses and practices which (...) hail us into place as the social subjects of particular discourses*' (op. cit.:5). Like Ivanic, Craib also refers to the social construction of identity: identity as '*something constructed through various disciplines and discourses*' (Craib 1998:7); however, while Hall believes that '*identities can function as points of identification and attachment only because of their capacity to exclude*', (Hall and du Gay 1996:8), Craib disagrees:

Identities can only function to exclude and leave out because of their capacity to include and enclose (Craib 1998:8).

Some students identified as dyslexic actively embrace the label and seek out others, though activities such as support groups (Gilroy and Miles 1996). In a parallel manner, some parents of dyslexic children become involved in Dyslexia Associations (Barton and Hamilton 1998).

4.10 Summary

This Chapter has explored a variety of ways of construing the self, all of which have the potential to be relevant to the developing sense of identity of a person labelled as having difficulties at school or University. From the social constructionist perspective, language and discourse construct individual and social realities. It is now necessary to make further links between these ideas and the conception of dyslexia.

Chapter 5: The self-concept and dyslexia

5.0 Introduction

This Chapter examines the constituent parts of the self-concept and relates these to dyslexia. It then derives areas for research from the combined contexts set out in Chapters 2 to 5, and proposes the research questions which the thesis will go on to address.

5.1 The concept of discourse in the context of dyslexia

The resolution of the tensions presented in section 4.9 may possibly be achieved in relation to the present study by examination of the term 'discourse' in the context of dyslexia and identity. Ivanic (1998:17) has examined the term 'discourse' in relation to identity and literacy, defining it as *'producing and receiving culturally recognised, ideologically shaped representations of reality'*. She holds that people take on particular identities through discourse – this is the social construction of identity. Ivanic is analysing the discoursal construction of writer identity, specifically the identity of higher education students as academic writers; her work is highly relevant to the present study, because the concept of dyslexia may be said to be a 'culturally recognised, ideologically shaped representation of reality', and also because, like Ivanic's co-researchers, students labelled dyslexic are expected to express themselves in a manner (academic writing) which they usually find it hard to master (Benson et al. 1994; Clark and Ivanic 1997; Singleton ed. 1999).

Fairclough (1989) points to a relationship between language and power. He also writes (Fairclough 1992b) of discourse and identity, proposing that discourse contributes to the construction of three elements: social identities and types of self, social relationships between people, and systems of knowledge and belief. As Ivanic (1998:44) points out, Fairclough *'places the construction of identity in the context of fluctuating cultural and institutional values'*. In the context of the present study, examining as it does the discourse of dyslexia in the context of

higher education, this statement by Fairclough (albeit referring to spoken discourse) is particularly apposite:

(...) discourse contributes to processes of cultural change, in which the social identities or 'selves' associated with specific domains and institutions are redefined and reconstituted (Fairclough 1992b:137)

He adds:

(M)ost if not all analytically separable dimensions of discourse have some implications, direct or indirect, for the construction of the self (ibid.:167).

This is supported by Gee (1990:143), who defines a discourse as

....a socially accepted association among ways of using language, of thinking, feeling, believing, valuing, and of acting that can be used to identify oneself as a member of a socially meaningful group.

Wilson (1999) claims that life span stories are the narrative sites of identity production. Linde (1993:3) makes a similar point when she states that '*an individual needs to have a coherent, acceptable and constantly revised life story*'. In order to achieve this, a '*coherence system*' is required; Linde proposes that Freudian psychology and astrology are both examples of such coherence systems. Students identified as dyslexic may use discourses of dyslexia as coherence systems.

How is an individual able to conceptualise his or her identity? When we focus on self-knowledge in relation to a person's goals (Gerber et al. 1992; Gerber et al. 1996), we are adopting a cognitive approach to the self. As Markus and Nurius (1987:158) put it, '*the self-concept is not a unitary or monolithic entity, but rather a system of salient identities or self-schemas that lend structure and meaning to one's self-relevant experiences*'. For Craib (1998), while identity is a process rather than a 'thing', that process also involves what he calls '*internal negotiation*': we have a variety of social identities which may change over time, but membership of these takes place within our overall identity. Such a process is taking place when students talk about their decision to join, or not to join, a group for dyslexic people; they may be a daughter, a student, an ice hockey player, but are they 'a dyslexic' in the sense of belonging to a club? Craib links this dilemma with anxiety:

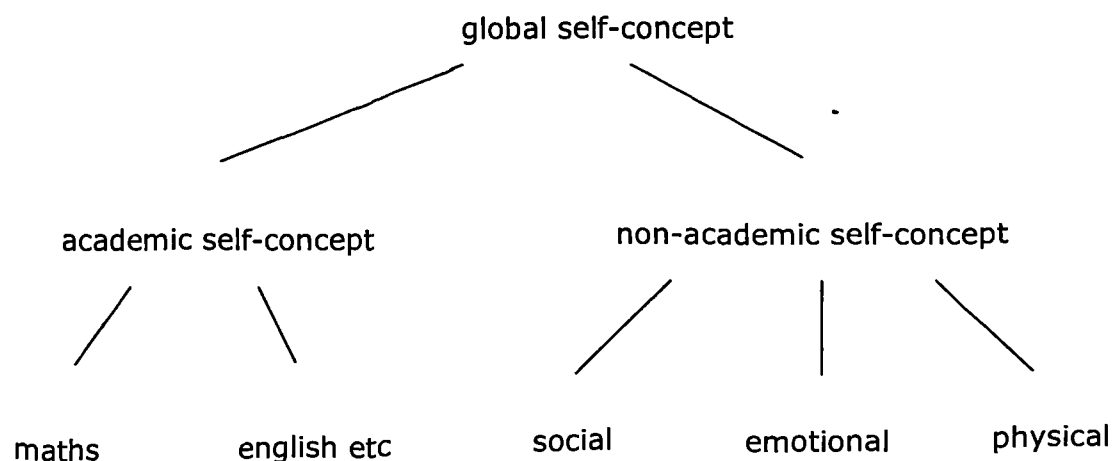
One of the ways in which we try to protect ourselves from the anxiety of living is by trying to identify ourselves with something, by trying to make our social identity into our identity (op. cit.:170)

This 'narcissistic' process may offer 'reassurance and relief' from social isolation. Markus and Nurius (1987) hold that the self-concept is not constant or static; they propose instead the notion of the '*working self-concept*' (op. cit.:162): '*that set of self-conceptions that are presently accessible in thought and memory*'. As an example of the variability of the self-concept, they explain that one can feel mature and confident in a work setting, very young in a family setting when being compared with a favoured sibling, and very old when in the company of much younger people. Once again, identity is located in contrasts with others, rather than 'sameness'.

5.2 Self-concept

Markus and Nurius (1987:163) refer to a '*total repertoire of self-conceptions*', some of which may be '*domain-specific*'. Coopersmith (1967), whose self-esteem inventory I used in my earlier work (Pollak 1993), believes that self-esteem is developmental: early in life it is relatively undifferentiated, but it gradually becomes more complex and hierarchical. This view is confirmed by Battle (1990), a more recent inventory deviser. Marsh (1992) gives the following outline of such a hierarchical model:

Fig 5.1 : Marsh's hierarchical model of the self-concept

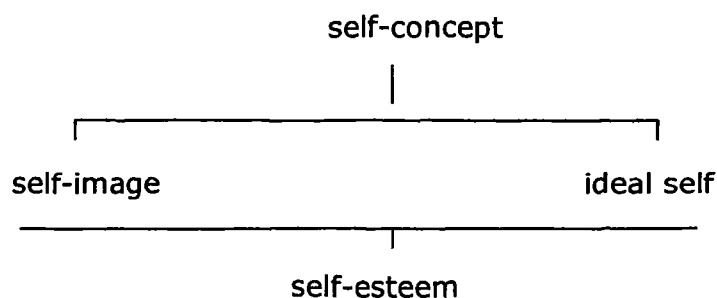


Here, the items in the lowest row are specific to the domains in which they become salient (a view supported by Schunk, 1990). If one adopts this hierarchical view, it ceases to be relevant to wonder whether poor self-esteem leads to poor academic performance or vice versa: it is seen as an interactional process, with separate components.

5.3 Self-esteem

A similar theoretical approach was adopted by Coopersmith (1967) in devising his self-esteem inventory. He allowed for the estimation of self-esteem in relation to social life (self/peers), home/parents and school/academic aspects, as well as what he called the 'general self' and the 'total self'. If self-concept may be seen as an umbrella term involving cognitive, affective and behavioural evaluation of the self (Burns 1979; Riddick 1996), then self-esteem is a measure of how far self-image matches the ideal self (Lawrence 1996). This is Lawrence's diagram of the relationships between them:

Fig 5.2 : Lawrence's model of the self-concept



Lawrence comments on the central role of reading and writing at primary school in this regard, adding that it may not be failure to achieve which produces low self-esteem, but the way significant others react to it.

The notion of an 'ideal self' often develops from the remarks of such significant others; for example, parents and teachers frequently express expectations of 'good' behaviour, and the young child often compares him- or herself with peers. Kelly usually included 'myself-as-I-would-like-to-be' as an 'element' in his

repertory grid work, eliciting constructs by including this figure in triads with other elements such as 'best friend' and 'older sibling' (Kelly 1955; Winter 1992).

Rogers put forward the 'core conditions' for successful psychotherapy as including empathy and positive regard (Rogers 1951), adding that these principles apply equally to education (Kirschenbaum and Henderson 1990). Riddick (1996:34) adds that what she calls '*a sense of acceptance, competence and worth*' is necessary for a positive self-concept, and that after the family, the school plays a significant role. The work of teachers is thus central to self-esteem development.

However, relationships with teachers are just as likely to reduce self-esteem as they are to enhance it (Lawrence 1996; Humphrey 2002). The research project referred to above (Pollak 1993) included use of Kelly's personal construct psychology to investigate teachers' perceptions of the students at a special school for dyslexic teenagers, and the students' perceptions of themselves. One outcome of that project was in effect a confirmation of Lawrence's view, which might be summarised as the social construction of self-esteem. '*We are always looking at pupils, but we don't always get the time to reflect on our own part in this dynamic*', as one of my then colleagues put it (Pollak 1993). Furthermore, Lawrence has added a chapter on 'The teacher's self-esteem' to the second edition of his standard work on self-esteem in the classroom (Lawrence 1996); '*teachers have self-esteem needs too*' was a comment made when I presented my work to colleagues. Commenting on the labelling of children with 'special needs', Salzberger-Wittenberg (1983) et al. make this point:

One way of easing everybody's distress has been by labelling the child as ESN, dyslexic, retarded or maladjusted and so on. (...) Such labels can be used to write children off, as well as, more appropriately, to relieve a self-critical teacher (Salzberger-Wittenberg et al. 1983:132).

This view is contradicted by Humphrey (2002), who holds that identification as dyslexic should be carried out as early as possible, as a means of enhancing a child's self-esteem.

In my experience, there has for many years been a 'pecking order' in education, whereby primary school teaching is seen as of lower status than secondary, FE lower than HE and so on. In the 1970s it was difficult to find a PGCE course focusing on primary education, as it was assumed that graduates would wish to teach their subjects, ideally to A Level. Similarly, Adult Basic Education is regarded as low status work, as is what used to be known as 'remedial' teaching in compulsory education. This is where the desire of some parents to achieve special status for their children (as dyslexic) may coincide with the motivation of special needs teachers, who prefer to be regarded as 'specialists'. Much early literature on teaching dyslexic children emphasised this distinction between 'remedial' work and 'dyslexia specialist' teaching (Franklin and Naidoo 1970; Naidoo 1972; Newton and Thomson 1974; Hickey 1977).

5.4 Teachers and the self-concept

Teacher and tutor comments and reports are obvious examples of what are ostensibly sources of information about the self. Andersen (1987) calls this '*social feedback*', adding that the actual content of what others say is less important than an individual's perception of these opinions. This is exemplified by students who contest the marks or grades they have been given, something which is quite common among those identified as dyslexic (Gilroy, 1995). However, as Riddick (1996) points out, feedback from teachers is only effective for a student if s/he sees the teacher as a significant other, *and* the teacher's and the student's perceptions of ability are congruent.

A key element in the reception of feedback from teachers is an individual's sense of his/her own intelligence. Having stated that identity involves gender, cultural heritage and family background, Stuart (in Stuart and Thomson 1995) points out that our perception of our intelligence intersects with all these aspects, and that a professional educator's definition or assessment of it has particular weight. She quotes Mead (1934) as defining the 'significant other' (whose ideas about us are highly likely to be internalised) and the 'generalised other', i.e. society as a whole. This theory of the concept of self as generated through symbolic interactions was taken up by Goffman (1959), who described the way in which embarrassment is seen in relation to a contrast between shame and esteem:

each time we experience embarrassment, we internalise shame and our self-image is confirmed. This process can be very clearly identified in the education system, and is often a potent one for undergraduates (Peelo 2000a).

5.5 Self-representation

Social feedback is part of the overall process of social interaction; if we are to receive feedback, we must first present ourselves to others. Goffman (1959) also describes this process in theatrical terms, using a dramaturgical metaphor for what Ivanic (1998:21) calls '*the emotionally fraught, usually subconscious nature of self-representation*'. Goffman differentiates between a person as 'character' and a person as 'performer'. This is relevant to the investigation of dyslexia, in that it sees people as 'putting on' or reproducing socio-culturally constructed identities. Goffman sees identity as '*a status, a position, a social place*' (op. cit.:31).

Interviews of any kind, but particularly those which invite the respondent to remember the past, necessarily involve the representation of the self to the interviewer. A valuable source on the nature of self-representation is the work of Summerfield (1998). Summerfield refers to what she terms the *inter-subjectivity* involved in the production of memory, by which she means '*the relationship between the narrator and his or her audience*' (ibid.:23). In terms of the research process, an interviewer may be constructing an identity for him- or herself in conducting each interview, and an informant may be doing the same.

The methodological aspects of interviewing will be examined in Chapter 6. At this point however, it is relevant to note that intersubjectivity encompasses the '*assumption of consciousness, understanding and self in others*' (Stevens 1996a:169). It is thus part of the experiential perspective on the self. On the other hand, object relations theorists such as Klein propose that being attached to and confirmed by others is essential to the determination of the self, which places intersubjectivity in the psychodynamic realm (Klein 1993). Salzberger-Wittenberg et al. (1983), who are psychotherapists, believe that psychodynamic theory has a great deal to offer the study of learning and teaching situations. They list the potential expectations which a student might have of a teacher, who

might be seen as: the source of knowledge and wisdom; a provider and comforter; an object of admiration and envy; a judge; an authority figure. On the other hand, the teacher might have fears of criticism, hostility or losing control. Either way, say Salzberger-Wittenberg and her colleagues, the teacher-student relationship is replete with opportunities for transference (ibid.: Chapters 2 and 3). (They do however tend to pathologise this agenda.)

In her interview study of the experiences of women during the Second World War, Summerfield (1998) attached labels to the types of attitude adopted by her informants ('heroes' and 'stoics'), seeing these as images of women which were prevalent at the time. The publication of this work came at a significant time for the present project, coming as it did when the primary data had all been transcribed and a great deal of coding had been carried out. Summerfield's informants are talking about a relatively short period in British history and looking at their roles within it, whereas mine are looking back over their whole lives, educationally speaking. Nevertheless, similar processes can be seen to be taking place.

Summerfield however is using personal testimony for purposes of historical study. '*Women speaking for themselves through personal testimony*', says Summerfield (1998:11), '*are using language and so deploying cultural constructions*'; in other words, such personal testimony cannot represent a truth which is independent of discourse. This is because, Summerfield quotes Scott as explaining, '*we are dependent on language for understanding who we are and what we are doing*' (ibid.:11).

Summerfield proposes that the processes which affect people's memories of the past, far from having the negative effect of distorting the truth in historical terms, can themselves create layers of meaning which are interesting objects of study. In the same way, students' words about their experiences of dyslexia can be examined for evidence of the discourses which they represent, since

cultural constructions form the discursive context not only within which people express and understand what happens to them, but also within which they actually have those experiences (ibid.:12).

Hence the task of the historian working with personal testimony is also mine: *to untangle the relationships between discourses and experiences* (ibid.)

In connection with informants' use of discourses, Summerfield reminds us that *it is important to acknowledge that there is not likely to be a single discourse at any one time which directly determines consciousness* (ibid.:15). She refers to *'the discursive formulations from which understandings are selected and within which accounts are made'* in oral history, explaining that her interviews showed women taking up multiple discourses concerning their wartime lives and using these to *'constitute themselves'*. Their testimony is to that extent inter-subjective, in that it draws on *'the generalised subject available in discourse to construct the particular personal subject'* (ibid.:15). Both of these aspects apply equally to my interviews.

However, Summerfield goes on to explain that there is another way in which the process is inter-subjective: the narrator or interviewee is aware of an audience. That audience has two parts: the immediate audience of the interviewer and the public or imagined audience for the research:

Inter-subjectivity, understood as the relationship between the narrator and his or her audience, is a necessary and inescapable part of the production of memory (ibid.:23).

5.6 The socio-emotional aspects of the dyslexia concept

Salzberger-Wittenberg et al.'s view of labelling of students was referred to above (5.3). They go on to write about dyslexia, a label they describe as a 'psychiatric' one. A child whom they call Maurice was failing to learn to read; his mother had taken him to a 'clinic' and *'obtained a certificate of dyslexia'*:

The diagnosis had been carefully made but later discussion with Maurice showed that he had interpreted the word to mean that he had a nasty, infectious illness and that his brain did not work properly. The sad effect was to make him feel at the mercy of his handicap, reduce his own feeling of control, and, as his teachers reported, seemed quite destructive of his efforts to learn to read (Salzberger-Wittenberg et al. 1983:133).

This view may be contrasted with those of others. Ravenette (1979) looked at the family context, finding that the label dyslexic led families to see children as 'disabled'. Miles, on the other hand, has written at least once per decade (Miles 1970; Miles 1988; Miles 1993) of the value of the label in giving a child and his/her family a way of making sense of what is happening and a route out of self-blame.

Pumfrey and Reason (1991) published a report on a national inquiry into responses to dyslexia they had carried out with a working group of EPs, which included contributions from Local Education Authorities and statutory and voluntary bodies. This report was one of the first examples in the literature on dyslexia to include a chapter on social and emotional factors. The chapter concluded that

labels, limited to within-child variables, can detract attention from policies and organisation that take account of the full social and interpersonal context in which the learning difficulties arise (Pumfrey and Reason 1991:73).

It also referred to *'the need to take account of the sense the child is making of the situation and the perceptions of family members'* (ibid.) Perhaps most importantly in the context of the present study, Pumfrey and Reason recommended that *'specific learning difficulties be examined in the context of personal experiences and interpersonal relationships, recognising the emotional impact of a prolonged struggle with literacy'* (ibid.:73).

My own work at a special school for dyslexic students (Pollak 1993) was in part a response to this. It found that by the end of their first year, new students' self-esteem had improved markedly; it was also clear (by using personal construct psychology) that they associated reading and writing with positive aspects of their lives. In addition, personal construct psychology showed that the staff construed the students in widely differing ways; however, they acknowledged that such constructs were *'part of the informal baggage they (brought) into the classroom'* and that *'a child's progress depends on how good s/he feels'* (Pollak 1993).

In what was probably the first published response to Pumfrey and Reason's call for further research into socio-emotional aspects, Edwards (1994) made a detailed examination of the 'emotional reactions' of eight 16 to 17 year-old boys who were also attending a special school for dyslexic students. Her case studies reveal a set of uniformly negative relationships with subjects' previous teachers; two thirds of them had been physically attacked, and all had '*suffer(ed) inadequate help or neglect*' (Edwards 1994:161). Edwards concludes that, on the basis of the boys' response to 'special' schooling, '*failure and scarring is not an innate and integral feature of the dyslexic*' (ibid.:162). However, both this and the earlier study (Pollak 1993) focused on students who had been extracted from mainstream schools and given intensive attention, including deliberate efforts to boost their self-esteem.

Riddick's book '*Living with dyslexia*' (1996), sub-titled '*the social and emotional consequences of specific learning difficulties*', is another response to Pumfrey and Reason. She points out that many studies of self-esteem and 'learning difficulties' (such as Butkowsky and Willows 1980) have focused on reading delay rather than dyslexia, and studied self-esteem only in relation to reading competence.

The relationship between teachers and parents of younger students is raised by Riddick, where she points out that this can be particularly stressful for all three parties when there is disagreement as to the nature of a child's difficulties (Riddick 1995a). Part of the problem can be, as Pollock and Waller (1994) state, that the concept of dyslexia is somewhat like a religion: people are either believers or they are not.

A notable exception to studies which focus only on reading is Rawson's '*Dyslexia over the lifespan – a fifty-five-year longitudinal study*' (Rawson 1995). This study is of 56 boys, both dyslexic and not, who all attended a small private school in Pennsylvania. Rawson states:

The problem of low self-concept was more prevalent and persistent among the boys who were diagnosed and given help after they had experienced failure, for then it was hard for them to believe that they were as capable and likely to succeed as the accumulating evidence of their competence indicated (ibid.:58).

This appears to contradict Miles' belief in the value of the dyslexic label. Furthermore, Rawson makes clear that she adopts a medical view of dyslexia when she quotes in full the Orton Dyslexia Society's definition (see Appendix VI) with its reference to a 'neurologically-based disorder' and states that the 'diagnosis' must be 'clinical' (ibid.:149); it is not surprising that some of her students did not at first believe they could succeed.

However, it seems that Rawson's school adopted the same philosophy as those referred to above (Pollak 1993; Edwards 1994):

It may be that one of the school's most valuable contributions was to the self-concepts of the dyslexic boys, a persistent faith in their intelligence and capacity to achieve, transmitted to the boys directly and indirectly (Rawson 1995:110).

Bat-Hayim (1997) reports on a course at an American college designed to tackle learned helplessness in those with 'learning disabilities' and '*bypass long-standing emotional and linguistic barriers to learning*'. She refers to one student who failed the course, and later thanked the tutors for the fact that '*he was not permitted to use his well remediated dyslexia as a crutch*' (ibid.:230).

Hales (1994) attempted a quantitative study of '*some personal aspects of the personal functioning of dyslexic people*' using a personality factor questionnaire. He found that while infants came out as tense and frustrated, children in the middle school years showed low motivation and high anxiety, whereas at secondary school they wanted to be as unobtrusive as possible. Hales also found that there was an inverse relationship between anxiety and IQ, which tends to counter the common belief that 'intelligent dyslexic' children find school life more difficult than their peers.

Almost thirty years ago, a report in the British Medical Journal (BMJ) (Saunders and Barker 1972) had found '*a recognisable neurotic pattern*' in a group of dyslexic adults, one of whom had said: '*I want to be a normal person*'. This comment may hide a great deal; there may well be a kind of Hawthorne effect at work, to the extent that the experience of being the subject of such research makes people feel abnormal and anxious. Rourke et al. (1989) listed nine

'neuropsychological characteristics' of children with 'nonverbal learning disability'. Their abstract alone uses the words disability, disorder, dysfunction and disease; perhaps not surprisingly, the subjects were found to be depressed and suicidal in later years.

There are studies which appear to have revealed depression in dyslexic children and adolescents. Maag and Behrens (1989) found that of a sample of 465 high school students, 21% experienced severe depression, although this finding (based on self-report inventories) is complicated by the fact that some students who had already been identified as 'seriously emotionally disturbed' were included in the sample. A Texas inquiry (Wright-Strawderman and Watson 1992) found that 35% of the subjects (aged 8 to 11) scored in the depressed range, again using a self-report inventory. Another way of using structured reports by respondents is to administer these to the parents of child subjects; Michaels and Lewandowski (1990) found that a greater than average proportion of boys with 'learning disabilities' were at risk of developing 'psychological adjustment problems' such as anxiety, depression and obsessive-compulsive behaviour. On the other hand, an Israeli study (Lamm and Epstein 1992), which used a 'symptom checklist' filled in by teachers, found no difference in terms of 'emotional status' between a dyslexic group of young adults, psychiatric patients or controls. All of this tends to support Little's (1993) strictures as regards generalisability.

5.7 Emotional support in higher education

Gilroy (1995), an experienced educational practitioner, makes what I propose as a practical, realistic contribution. Her chapter in the book *'Dyslexia and stress'* (Miles and Varma 1995) is called 'Stress factors in the college student'. She writes of the effect of past experiences like these on self-concept:

(...) having been branded as 'thick', (...) being ridiculed and misunderstood, (...) having struggled hard at school without efforts being recognised (Gilroy 1995:66).

Gilroy notes the frequency, in conversation between members of a student support group at her University, of expressions such as 'hopeless at', 'could never' and 'typical me'. She observes that:

There are certain times in a university career that are particularly stressful for the dyslexic student. The very early days at university can place heavy demands on memory, organisation, orientation. There is the stress of the new environment and the anxiety of coping with new names, relationships, activities and a new lifestyle (ibid.:59).

On the other hand, all new students potentially experience this, as others have pointed out (Raaheim, Wankowski et al. 1991; Earwaker 1992; Peelo 1994). A recent report by a Heads of University Counselling Services Working Group (Rana et al. 1999:1) found that there was *'broad agreement from counselling services that the severity of emotional and behavioural disturbance amongst university students is increasing'*. Peelo (2000a, 2000b) believes that learning support tutors must address not only cognitive processes, but also affective and social ones.

Gilroy (1995:56) argues that dyslexic students have 'a specific language disability', the history of which (as in the past experiences quoted above), combined with associated working memory difficulties, makes them liable to develop stress symptoms more quickly. She admits that those who regard themselves as dyslexic sometimes fail to see that all students must accept negative criticism in order to develop academically, and may *'blame everything on dyslexia'* (ibid.:62):

Dyslexia is ever-present in the students' minds; it makes them egocentric, and they cannot think out from themselves. As a result, they become quite demanding over their 'rights' and may go bluntly into a tutor's room to seek 'justice' (ibid.:62).

Goodwin (1996) suggests that tutors need counselling skills, to help students 'move on from' feelings of bitterness and anger, as well as from fear that they will not succeed. She also believes (Goodwin 1998) that individual counselling for dyslexic students should be of the humanistic or 'person-centred' type, as Rogerian positive regard and empathy are essential for clients who are experiencing anxiety and self-doubt. On the other hand McLoughlin et al (1994), while acknowledging the importance of Rogers' 'core conditions', propose that

what they call 'generalist' (as opposed to 'specialist') counsellors might successfully use a cognitive approach, as '*a dyslexic's understanding of the nature of their difficulties is central to overcoming those difficulties*' and '*maladaptive feelings are caused by irrational beliefs*' (McLoughlin et al. 1994:47). Such beliefs might include the assumption that most other students are very good at spelling or rapid reading, or other consistently self-critical thoughts.

McLoughlin et al. go on to describe a vicious circle, in which negative feelings are potentiated by memories of being called unintelligent by significant others such as relatives or teachers; this in turn leads to poor self-esteem and lack of confidence, which reduces motivation; this is then interpreted by others (and probably by the person as well) as evidence of low intelligence. They posit four levels of awareness in adult dyslexic people, claiming that supporting them requires consciousness of their starting point:

1. *People at level 1 are not aware of their weaknesses and have developed no strategies to overcome them.*
 2. *Those at level 2 are aware of their weaknesses but have not developed strategies to overcome them.*
 3. *People at level 3 are aware of their weaknesses and have developed compensatory strategies, but have developed them unconsciously.*
 4. *Finally, people at level 4 are aware of their weaknesses and they have consciously developed strategies to overcome them.*
- (McLoughlin et al. 1994:50).

As regards 'starting points', the report of the NWP differentiates between counselling newly enrolled students and such work with newly identified students. The suggestion is that identification as dyslexic is central: newly admitted students may have recently experienced stressful dyslexia assessment procedures, or alternatively may be fearing that they will have to go through this, whereas those who have just been 'identified' may need emotional support because '*they need to come to terms with new aspects of themselves*' (Singleton ed.1999:134). The report adds:

*The discovery that one has dyslexia can produce feelings of relief, but it can also generate anxieties. Students exhibit confusion and loss of confidence **because they have only a vague understanding of the nature of the condition at this early stage** (ibid.:134 – my emphasis).*

This part of the Singleton report raises two issues. One is concerned with the use of the word 'identify'. In some quarters it has become the norm to try to avoid medical language in connection with dyslexia in adults (Hunter-Carsch and Herrington 2001; Hunter-Carsch 2001; McLoughlin et al. 2002); the Singleton report itself states that the term 'diagnosis' *'will be avoided as far as possible because of 'disease' connotations'* (ibid.:81). The preferred term is 'identification', the root word of which has clear implications for the present study. (However, on the very page from which the last quotation is taken, the NWP report uses the expressions *'students with dyslexia'* and *'a student has dyslexia'*; it refers to dyslexia as a 'condition' in its preferred definition of the word.) The other issue is the assumption that it is necessary to expound a discourse of dyslexia to a student; the report also recommends that this should be done as part of staff development (ibid.: Chapter 13).

5.8 Areas for research

The study referred to in 3.15 above (Pollak 1993), of the socio-emotional functioning of young students at a special dyslexia school and their teachers' perceptions of them, investigated both self-image and relationships with teachers, as well as changing attitudes to dyslexia. New students' self-image (i.e. their accumulated, earlier self-perception) was compared with their perceptions at the end of an academic year. Although the fact that they were dyslexic and therefore 'different' was accepted as a given, the study aimed to identify which elements of dyslexia were salient to them; it also examined students' and teacher's constructions of their personalities and social functioning.

That work was limited in a number of ways. It did however reveal that large changes in self-image can take place over a short period of time, and also that

even in a very small school, teacher's perceptions of the same students can vary widely.

After I had collected the interview data for the present study, a piece of work with many similarities to it was published (Riddick et al. 1997). Riddick et al.'s study of undergraduates is sub-titled '*Growing up with a specific learning difficulty*'. They report on respondents' perceptions of their school experience in terms of the presence or lack of 'protective factors' such as supportive parents. They also examine respondents' perceptions of the label 'dyslexic' and what they call their 'understanding of dyslexia', and go on to report their statements about reading, writing, spelling, speaking and coping strategies. After a report on self-esteem, Riddick et al. give a brief summary entitled 'University experience'. They call for further research into five areas, including the evaluation of individual coping strategies and of the efficacy of different types of support (ibid.:184-185).

The NWP report (Singleton ed. 1999) includes the latter point, listing as 'current controversies':

- *Whether students with difficulties in literacy rightfully belong in higher education*
- *How students with dyslexia may be reliably and consistently identified and supported* (Singleton ed. 1999:17).

The report goes on to call for '*promotion of a better general understanding of dyslexia amongst staff and students in higher education, and amongst the population generally*' (ibid.:166). My research questions are in part derived from these themes.

5.9 Research questions

In Chapter 2, I identified several different ways of construing both literacy development and disability, and made links between constructions of disability and special needs education and the historical evolution of diverse discourses of dyslexia. In Chapter 3, I examined the history of educational responses to the dyslexia concept, ending with ways in which higher education is attempting to deal with the increasing numbers of students who identify themselves as dyslexic.

How well are Universities managing this task? As well as research into the areas referred to above, Riddick et al. (1997:185) call for work on *'the lifetime course of the emotional and social development of dyslexic individuals'*. The reasons they give for this are two-fold: to improve learning support provision, and *'to develop our understanding of cognitive and socio-emotional development generally'* (ibid.:185). When their work was published, I had already been collecting interview data for similar purposes. The reason for doing so emerged from the literature reviewed in this and the previous two Chapters: the label dyslexic is more than a matter of reading and writing, raising as it does issues of identity, in particular *'defect'* and *'difference'*.

There are increasing numbers of students in HE who believe that they have a condition called dyslexia, the existence of which is enshrined in legislation (Singleton ed.1999; HESA 1997). *'Inclusivity'* and *'diversity'* in HE are worthy notions, but HEIs must be prepared to deal with the variety of students they are admitting, and dyslexic people constitute a majority of those undergraduates who are regarded as having *'special needs'* (Singleton ed. 1999).

In order to promote the *'better general understanding'* of dyslexia by the HE sector which the NWP report calls for, I therefore wish to contribute to the literature on dyslexia in HE, by inquiring into the students' views of dyslexia and the consequences of those views. My two-part umbrella question is: *'How do students who have been identified as dyslexic define dyslexia and describe their own experience of it?'* Answering this involves finding out from dyslexic students how they see dyslexia as having affected both their route to University and their ability to deal with its challenges. An additional question is therefore: *'How do the various influences which have been brought to bear on these students impact on their identity and self-concept as participants in Higher Education?'* This question is concerned with the ways in which informants' sense of identity affects their ability to manage the pressures of studying for a degree; it includes cognitive, affective and social aspects. Such an inquiry has the potential to provide valuable insights for the HE sector in terms of enabling dyslexic students to succeed.

Chapter 4 made a case for the adoption of a social constructionist view of identity, adding that it is constructed through discourse, although as Ivanic points

out 'several types of socially available resources for the construction of identity operate simultaneously' (Ivanic 1998:27). Ivanic sets out four aspects of what she calls 'writer identity': autobiographical self, discursual self, self as author and possibilities for self-hood (ibid.:23). In terms of dyslexia it is useful to look for a modified version of Ivanic's four aspects; these could be called four facets (for a dyslexic person) of identity as a student:

- Autobiographical self: the identity people bring with them to the act of being a student, shaped by their earlier social experiences
- Discursual self: the discourse of dyslexia with which they identify
- Self as a student: the level of confidence with which individuals see themselves as readers, thinkers, note-takers, writers, contributors to seminars and similar activities
- Possibilities for self-hood: social, cultural and institutional options; issues of power, values and beliefs.

These aspects of identity as a student might be expected to emerge from interviews in part as a result of asking respondents to reminisce about their educational experiences. Summerfield (1998) writes of the dual role of reminiscence, firstly as a life review (in which the individual makes sense of his/her life) and secondly for the maintenance of self-esteem, whereby the re-telling of self-affirming stories helps deal with losses and memories of struggle.

The relevance of Summerfield's work to the present study relates to the research question: "How do these students *define* dyslexia?" This thesis is about the meaning of the word dyslexia as it is construed by Higher Education students.

Riddick et al (1997), as psychologists, carried out a controlled study in which they administered a number of normative tasks and schedules as well as interviews. While agreeing with them on the need for the cohort to be varied in terms of academic background, gender, age, date of identification as dyslexic and quality of learning support (in order to cover as wide a range as possible of dyslexia-related experiences), the present study requires longer interviews, so that identity factors and personal constructs have time to emerge.

5.10 Summary

In this Chapter, I have considered models of the self-concept and of self-esteem, and the role of these in self-representation. I have also surveyed literature on the socio-emotional aspects of dyslexia, and of learning support in HE, and suggested links between this and the self-concept literature. The Chapter has culminated in my research questions, and briefly raised some methodological issues.

Methodology will be examined in the next two Chapters.

Chapter 6: Methodology Part One: Theory

6.0 Introduction

The report on a recent national inquiry (Pumfrey and Reason 1991:73) recommended that '*specific learning difficulties be examined in the context of personal experiences and interpersonal relationships*'. How might this be approached? The previous research project (Pollak 1993) referred to in the last Chapter tackled self-esteem development quantitatively, using an inventory, and qualitatively, aiming to make individuals' attitudes and beliefs manifest by using personal construct grids. Two authors have subsequently published interview studies: Edwards (1994) calls hers 'eight case studies in emotional reactions' (in young teenagers) and Riddick has written two accounts including the social and emotional consequences of 'specific learning difficulties', focusing on children and adult students (Riddick 1996; Riddick et al. 1997).

This Chapter addresses the methodological aspects of taking such work further in an HE context. It begins with a summary of my ontological position and an examination of possible methodological approaches to the research questions set out in Chapter 5. The Chapter explains why interviews are an appropriate way to gather data, and examines the nature of the interview relationship as well as practical aspects of the process. It also considers validity and generalisability. Chapter 7 will complete the commentary on methodological issues by setting out ways in which the data were managed and analysed.

6.1 Ontological position

My ontological position is influenced by a number of factors. I believe that there is more than one form of intelligence (Gardner 1993), and also more than one type of literacy practice (Barton and Hamilton 1998), although the education system privileges one type (Lea and Street 2000). One consequence of the latter point is that the academic world esteems linear thought above other forms (Street and Street 1991), which can make the experience of Higher Education difficult for some students. I also hold that the concept of the social construction

of disability (Barton 1996; Oliver 1996) and of special educational needs (Tomlinson 1982; Corbett 1998) is valuable, and furthermore that a social constructionist view of identity (Ivanic 1998) can be instructive.

At the time the present data were collected, I took the view that there is a range of models of the phenomenon of dyslexia. I was inclined towards an essentialist position at the time, a viewpoint shared by my informants. This thesis will show how my thinking has developed.

6.2. Choice of methodology

In view of the above, people's understandings of their own experiences form a vital part of my knowledge about the phenomena labelled dyslexia.

My epistemological position includes seeing myself as actively constructing knowledge about the educational scene; as a researcher, I am not a '*completely neutral collector of information about the social world*' (Mason 1996:36). Hence I require sources (i.e. informants) with whom I can generate data, as opposed to 'collecting' it.

My research questions are exploratory, and generating valid data calls for a qualitative approach (Miles and Huberman 1994). This study is concerned with individuals' own accounts of their attitudes, motivations and behaviour: their perceptions, attitudes, beliefs, views and feelings; it will report on the clusters of these which emerge from the interviews (Hakim 1987). The reasons for adopting such an approach will be expanded upon in this section.

In section 5.9 above, I stated that the umbrella question which I wish to investigate is: 'How do students who have been identified as dyslexic define dyslexia and describe their own experience of it?' My epistemological position is that a legitimate and effective way to obtain information about dyslexia is to interact in person with people who identify themselves as dyslexic. Oppenheim (1992) states that research which is concerned with trying to understand how people think and feel is best served by the exploratory, heuristic interview. In seeking data on students' views of dyslexia, including its influence on their routes

to University and their experiences once admitted, it is effective to use exploratory interviews focusing on the learning life histories of the students.

Other possible ways of obtaining such data include written questionnaires containing large boxes in which informants can write discursive replies, but there are various disadvantages to that in the present context. Principal among these is that dyslexic people are well known to dislike filling in forms; expressing themselves in writing is frequently their area of greatest difficulty (McLoughlin et al. 1994; Reid and Kirk 2001). Secondly, as Robson (1993) states, not only do responses have to be fitted into pre-determined categories which may not be appropriate to the informant, but it is also very difficult to avoid ambiguity both in the instructions and in the wording of the questions (which may invalidate the responses of a person with 'difficulty with words'). Thirdly, although one may provide a stamped addressed envelope, the response rate may be low; arranging an interview is a much more certain way of generating data.

Cohen and Manion (1989:308) set out a chart showing the relative merits of interviewing and questionnaires under eleven headings. For the present purpose, it is important to note that, as they state, interviews offer extensive opportunities for personalisation and flexible probing (although it must be acknowledged that given a good response rate, questionnaires have the potential to allow more people to be reached in the time available).

However, the principal reason for choosing not to use questionnaires is that I take an interactionist position; having elected to interview informants, I chose not to use a highly structured format, because a fixed sequence of questions would not allow them to describe things in their own way, and to raise issues or expand on areas which they found important (Briggs 1986; Fontana and Frey 1994; Collins 1998). There is a long history of positivist studies of the cognitive processes of dyslexic people (Critchley 1970; Aaron 1987; Ellis 1993; Snowling 2000) but very little published work in which their own voices can be heard (Riddick et al. 1997). I did however use a schedule of open-ended prompts (see Appendix IX), to ensure coverage of the areas to be investigated.

Interviews of any kind, but particularly those which invite the respondent to remember the past, necessarily involve the representation of the self to the interviewer. A valuable source on the nature of self-representation is the work of Summerfield (1998). Summerfield refers to what she terms the *inter-subjectivity* involved in the production of memory, by which she means '*the relationship between the narrator and his or her audience*' (Summerfield 1998:23). As does Summerfield, I acknowledge that I too was constructing an identity for myself in conducting each interview; furthermore, my respondents were doing the same (see Appendix XII).

Being interactionist means that I am not thinking in terms of ethnographic realism, the logical empiricist approach to epistemology. In electing to use exploratory interviews however, I acknowledge their possible limitations. For example, '*the language and activity of both enquirer and informant must be read in gendered, existential, biographical and classed ways*' (Schwandt 1994:125). Furthermore, what appears to be 'fact' and 'truth' is in reality the result of perspective, both that of the informant and of the researcher (Mason 1996). If dyslexia is indeed socially constructed, this process may have been taking place during the interviews. Furthermore, I interviewed students as a white, male, middle-class, academically successful, articulate non-dyslexic person; this possibly affected not only what they told me, but also the way I treated the information, and that process must be admitted and taken into account in the analysis. As West (1994:181-2) puts it:

Reflexivity within research remains essential to good practice. (...) I am concerned too about storying others, about leading subjects into feeding back what it is they think, consciously or otherwise, I want to hear.

Being aware of the effect of my own role within the interviewing process, and the methodological limitations of interviewing, I take an interpretivist position, my primary goal being '*to understand the complex world of lived experience from the point of view of those who live in it*' (Schwandt 1994:118). However, I am aware of a potential paradox within this, also pointed out by Schwandt: namely that while seeking to give primacy to subjective experience, an interpretivist is liable to disengage from that and objectify it (Schwandt 1994:119).

In seeking to define or explain (and thus to label) aspects of the experience of my informants, I will inevitably objectify them to some extent. In order to explore a informant's perspective, it is necessary to engage with him/her; however, there is inevitably some tension between such engagement with informants and the degree of objectification which is required in order to describe any patterns which emerge. This is what Schwandt calls '*the paradox of how to develop an objective interpretive science of subjective human experience*' (Schwandt 1994:119). In other words, while investigating dyslexia as a label, I am in danger of labelling my informants myself; this paradox is addressed in section 11.2 below.

In addition, the examination of different models of dyslexia leads me to take a constructivist position, holding that there is not an objective 'real world', but that knowledge and truth are created as the result of discursive practices (Bruner 1990; Gergen 1999). Discourse is language seen as a type of social practice (Fairclough 1989, 1992a). People giving personal testimony '*are using language and so deploying cultural constructions*' (Summerfield 1998:11).

What is seen as truth is often driven by power and ideology. Some qualitative research has an overtly political agenda (Punch 1994), and this potentially includes work which aims to 'raise consciousness' about a particular issue. While I explicitly deny ideological motivation for this work (Chapter 1), I do acknowledge that in examining discourses of dyslexia I wish to question those which predominate in the field.

A project which focuses on learning life history may be said to be a development of Plummer's seminal '*Documents of Life*' (Plummer 1983,-2001). Plummer began what has become 'main-stream' life history research, focusing on comprehending the ways in which a particular person constructs and makes sense of his or her life at a given moment. I wish to elucidate and describe ways in which dyslexic University students make sense of the process of studying. This requires a qualitative approach; the data which inform my research questions cannot be extensively quantified (even though computer software allows some degree of this):

The qualitative researcher learns about a way of life by studying the people who live it and asking them how they think about their experience (Yow 1994:7).

I agree with Silverman (1986) that the apparent opposition between data which are somehow 'pure' or 'untouched' and those derived from interviews is a methodological red herring resulting from unconscious acceptance of a positivist viewpoint. I also take from him a degree of scepticism as to the value of triangulation: multiple sources of data are not essential to this study, focused as it is not on measurement, but on the understanding of individuals as they describe themselves. However, in order to validate my coding, I invited a colleague to code the complete text of one interview (see section 6.7 below). The project also includes documentary evidence (see section 7.2); in order to make the work more reliable, I have compared the interview data with informants' EPs' reports, as the opinions of such 'experts' can usefully be placed alongside informants' statements about themselves. (For example, a psychologist's report may contain phrases which the informant repeats.)

Finally, a strength of interviewing in the context of this project is that it is an innovative approach. Comparable interview data were used in the study referred to above, which was published after my interviews were carried out (Riddick et al. 1997), but before that there was no published exploratory work on the experiences of dyslexic undergraduates. Furthermore, such work requires an audience; the production of memory, and reflection, are greatly facilitated when there is a direct relationship between the narrator and a responsive listener (Summerfield 1998,1999). In addition, in the case of dyslexic students, such a relationship needs to be relatively unstructured from an ethical point of view, so that the researcher can give any information the informant may ask for. (For example, several informants were concerned about visual disturbances when reading; this material has been assembled in Appendix XVII.)

This project is not focused on the views of academics or those of the relatives of students labelled dyslexic. Nor does it seek information about students who are wondering whether the label applies to them. The focus is on university students who accept the label dyslexic, and therefore such people must be the subjects. In

addition, as the research questions involve the process of identification as dyslexic, informants must be those who have experienced this. Finally, they must be willing to talk voluntarily about their experiences.

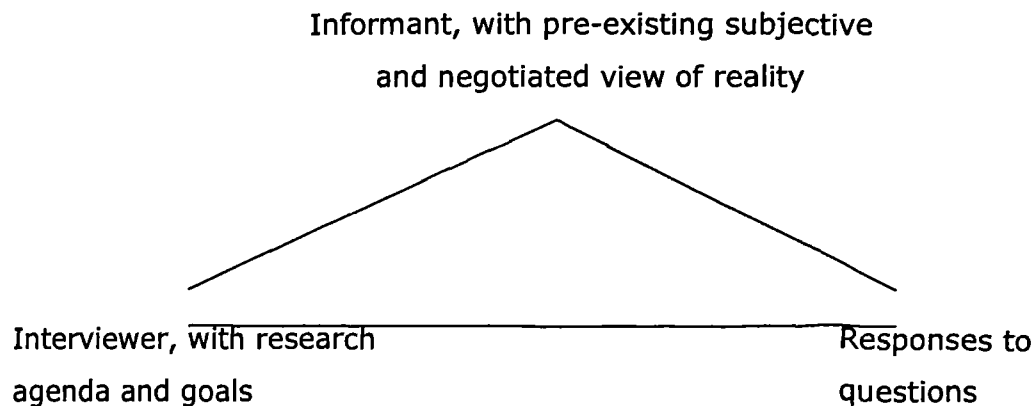
Oppenheim (1992) adds that it is essential for exploratory interviews to be recorded on tape, so that transcripts can be analysed in detail.

6.3 Principles of interviewing

An interview may be scheduled (structured), semi-structured or unstructured (Burgess 1984; Jones 1985; Robson 1993; Fontana and Frey 1994). The traditional justification for the scheduled interview is that if the responses are validly to differentiate one informant from another, the stimuli must be identical. However, this implies that the researcher shall not deviate from this at all, for example by explaining the meaning of a question or allowing a talkative informant to move his/her answer away from the precise subject of the question. Furthermore, it is difficult to phrase the questions in a way which will be equally meaningful to every informant, as individuals interpret words differently (Denzin 1978). In addition, question stimuli cannot in practice be identical, as the relationship between the people involved will inevitably be different each time, and factors such as the setting and time of day play a part (Jones 1985); indeed, as Summerfield (1998:20) says, *'the process of the production of memory stories is always dialogic or inter-subjective in the sense that it is the product of a relationship between a narrator and a recipient subject, an audience'*. To that extent, the interview may be seen from the perspective of an experiential view of the self.

Summerfield's method of analysis has something in common with Miller (2000), who sets out three approaches to life history analysis: the 'realist', the 'neo-positivist' and the 'narrative'. The realist approach he defines as 'using an inductive, grounded theory-building logic' and the neo-positivist as 'employing a deductive, theory-testing logic' (ibid.:128); the narrative approach on the other hand, like Summerfield's, accepts subjectivity as the essence of analysis. Miller gives a diagram of what he sees as the triangular structure of the narrative approach to the analysis of interview data:

Figure 6.1 : Miller's structure of narrative analysis



The narrative approach, according to Miller R (2000:133), proceeds at three levels:

- The factual details (date and place of birth, schools attended and the like)
- Thematic field analysis (subject to the malleability of memory). In mainstream life history research, themes are selected by the informant; in the present case, they were guided by an interview schedule. In either situation, says Miller, the interviewer can affect how the material is related, and incorporating this into the analysis 'makes the method truly qualitative'.
- Construction of the biographical meaning of the experiences.

Miller's view is that unlike the realist and neo-positivist approaches, which collect life 'histories' as if they consisted of empirical facts, the narrative approach focuses on life 'stories', i.e. depictions of the events of a life-time – not a passive reconstruction, but an active construction of the informant's view (ibid.:139). This links with the experiential model of the self, described in sections 4.3 and 4.6 above. It is however important to remember the danger that this process might be romanticised (Miller J and Glassner 1997) in terms of the researcher's empathy and insight and the 'reality' of the informant's narrative; the partial nature of this narrative, and the subsequent coding and typologising inevitably result in a degree of what Miller and Glassner call 'fracturing' of the story (ibid.:101).

In seeking to encourage informants to tell me their learning histories, I need therefore to be an involved audience. But a learning history needs elements from

each stage of a person's educational life. Unlike life history work, where an informant's selection of what to narrate is potentially significant (Bertaux 1981; Plummer 1983; Dex 1991), my research questions mean that I need to encourage informants towards relating experiences from all levels of education, in order to allow opportunities for the development of their construction of dyslexia to emerge. I therefore reject the totally unscheduled interview in favour of an interview guide approach tailored to the needs of the study (Appendix IX). This kind of focused interview allows me to map out what is wanted while giving the informant latitude to express his or her own definitions of what had happened, with space to include emotions and attitudes as well as remembered facts (Jones 1985). As I conducted all the interviews myself, there was no danger from a range of interviewers behaving inconsistently (Denzin 1978).

There was however a different kind of danger. I stated in 6.1 above that at the time, I shared my informants' basically essentialist view of dyslexia. The number of assumptions we shared could be interpreted as what Baker (1997) calls an 'incestuous' relationship ; she proposes that this can be counteracted by treating the interview data as '*displays of membership categorisation work by interviewees as well as interviewer*' (ibid.:137) and noting material which reappears in different people's accounts.

6.4 Life history and learning history

Many authors (Klein 1993; McLoughlin, Fitzgibbon et al. 1994; Cairns and Moss 1995; Krupska and Klein 1995; Reid and Kirk 2001) state that assessment of the needs of a dyslexic student should begin with an educational or learning history. Klein (1993) comments that adults can usually give detailed descriptions of their difficulties, and Cairns and Moss (1995:48) point out that '*a learning history offers evidence of patterns of difficulty that can be scrutinised*'.

Riddick (1996:47) confirms this when she says that an advantage of life histories and case studies is that '*they can give a holistic and long-term account of an individual's life*'. Even within the scope of a 90-minute interview, an informant has the opportunity to revisit, and reflect upon, significant events (Jones 1985; Briggs 1986; Miller and Glassner 1997).

In my opinion, the developing life history 'tradition' (Bertaux 1981; Dex 1991; Bornat 1994; Miller 2000) can be adapted or focused onto learning life history very easily. This study is inductive: in other words, analysis will proceed by letting the data speak to the theory, rather than by starting with a hard and fast set of ideas. Allowing the theory to emerge from the data in such a manner, in this case looking at a large number of variables and their relationships in a life context, requires a chronological exploration of learning-related issues. The extended interview format gives the informant leeway to answer as he or she chooses. It also allows the researcher to elicit further data on particular topics in a way which a written questionnaire would deny. I chose this approach partly because it draws on my inter-personal skills as a learning support tutor and counsellor; I am accustomed to working in one-to-one settings with adults, and made extensive use of tape recording during my counselling training.

6.5 The sample

My umbrella research question is: 'How do students who have been identified as dyslexic define dyslexia and describe their own experience of it?' This implies what Robson calls a homogeneous sample, 'covering a narrow range or single value of a particular variable' (Robson 1993:142). In order to find out whether the label dyslexic applies to them, and to gain access to funded learning support, higher education students have to approach a department which is often part of Student Services or its equivalent (DfES, 2001; Gilroy and Miles 1996). With the aim of interviewing students who defined themselves as dyslexic as a result of this process, I therefore decided to contact potential informants via these departments; through my work I have links with many colleagues who have responsibility for dyslexic students. So as to find informants with a variety of University experience, I selected a 'new' University in the Midlands and an 'old' University in the North of England, in addition to the two Universities in the South where I was working at the time.

Cohen and Manion (1989) and Oppenheim (1992) all recommend that a sample size of at least thirty is necessary for this kind of research. Oppenheim (1992) also comments that the time taken, both for the interviews themselves and for

the transcription process, must be taken into account. As a solo researcher who was not expecting to employ a transcriber (although in the event I did so for some of the interviews), I aimed to restrict the sample to fewer than forty people in order to make the data manageable.

It was hoped that a cohort of students of this size would between them exemplify a range of experiences relating to dyslexia. To widen this range of possible experiences en route to University, a sample who had arrived via a range of routes was necessary. Furthermore, to cover a wide range of experiences of dyslexia, it was necessary for the sample to include some students whose home backgrounds had been supportive of their educational endeavours, and some to whom this did not apply. In order to achieve these two criteria, I approached seven students whom I knew of at two Universities in the South of England, who had been admitted via Access courses and other 'non-traditional' routes and whom I knew to have experienced a variety of levels of academic support. The sample then met the diverse backgrounds criterion; 15 had arrived via A Levels, 6 via Access courses and the rest via various routes including accreditation of prior experiential learning.

A sample containing a wide age range was also required, to maximise the potential for differing points of view (Robson 1993); the age range of those coming forward was 18 to 53, so no specific action was required to widen it. In terms of gender, there were 13 males and 20 females. This sex ratio may not be representative of the dyslexic population as a whole, as until recently this has been widely assumed to be at least 4:1 male to female (Naidoo 1972; Doyle 1996). It has now been suggested (Fink 1998; Morgan and Klein 2000) that there may be equal numbers of males and females. From either perspective on the sex ratio, the sample in this project would seem not to be representative, but the research questions are not focused on this. Furthermore, self-esteem (and self-image as a student, or the sub-set of academic self-esteem) can evidently be a problem for either sex. Reliability, validity and generalisability are discussed in section 6.7 below.

The likelihood of a range of institutional approaches to dyslexia was ensured by the fact that informants came from four Universities, to which I have given the following fictional names:

Burtonforth, an older 'traditional' University in the North

Axbridge, a 'new' University in the Midlands

Spenceton, a younger 'traditional' University in the South

Belleville, a 'new' University in the South.

See Appendix X for brief descriptions of the Universities.

My contacts who worked with dyslexic students at the Universities concerned were willing to distribute letters from me, using their databases. Thus students at these Universities who were listed as dyslexic were contacted (see Appendix XI) and invited to take part in the research. Consequently, the sample was a self-selected group; however, as it included the kind of people I required (i.e. in Higher Education, identified as dyslexic and willing to talk about their experiences), I did not return and seek more informants. For the reasons given above, the sample was satisfactory for the kind of exploration involved in this study.

Potential informants were approached via their own University's Learning Support department (at Axbridge) or Welfare Office (at Burtonforth). At the other two Universities, I approached them directly myself as they were already known to me, as stated above. My letter to prospective informants (see Appendix XI) stated that I did not wish to test them or give them a questionnaire to fill in, but to interview them about their learning histories.

In the event, after some informants who made appointments failed to attend, the sample (including the pilot group) consisted of a total of 33, made up as follows:

Burtonforth 17 Axbridge 8

Spenceton 5 Belleville 3

The eight at Axbridge included a dyslexic lecturer who was known to me; she had completed a PhD and been a subject lecturer and learning support tutor. I

interviewed her because of her experience of the academy as both tutor and student.

6.6 Legal and ethical aspects

Legal and ethical issues must clearly be given careful consideration in a project such as this. As Yow points out in *'Recording Oral History'*:

The main areas of legal concern to researchers recording people's words are copyright, libel, and privacy (Yow 1994:84).

Yow recommends the use of a 'release form': *'a formal acknowledgement that the narrator transfers his or her ownership of copyright to you'* (ibid.:85). I did not do this in the form of a separate document, but I began each interview by asking the informant for permission to use the data in my thesis. Yow (ibid.) advises asking for spoken consent to record, as a means of avoiding doubt regarding invasion of the informant's privacy; she also warns against the inclusion, along with intimate revelations about the narrator's own life, of similar statements by him or her about someone else's, the publication of which might also be deemed invasion of privacy.

Confidentiality has been ensured by the use of pseudonyms throughout, and no institutions are identifiable. As regards other ethical issues, Yow believes that

the practitioner of oral history has an obligation to tell the narrator honestly what the goals of the project are...and the uses to which the taped information will be put (ibid.:89).

This is the only way that informants can give informed consent. At the end of the interview, I repeated my intention to send my informants a transcript and a copy of the tape; this evidence confirmed their statements of consent.

It is very difficult to guarantee complete anonymity. Informants had to rely on my professional discretion. The latter was also required when some interviewees complained about an individual lecturer or psychologist.

Sensitivity was also necessary when the material proved emotionally stressful for the informant. Yow (ibid.:96) refers to *'the ethics of the profession versus humanitarian concerns'*; what about *'the goals of the researcher versus*

humanitarian concerns'? Mason (1996) warns about asking questions which may distress an informant; the educational history of a dyslexic person is highly likely to contain distressing memories. I told interviewees that I did not expect them to talk about anything which they would find too upsetting. Mindful of Mason's warning about questioning, I did not ask 'trick' questions or seek to make any informant deliberately uncomfortable in order to see how they reacted. In addition, as I carried out the interviews, I was undergoing training as a counsellor at another University. This gave me sufficient skill, I hope, to 'stay with' those informants who cried (and some did), and to express empathy and acceptance of their feelings (without of course attempting to play any role other than that of a researcher). I did not leave any informant without making sure that he or she was in touch with continuing sources of support locally.

6.7 Validity, reliability and generalisability

Robson (1993) entitles his book '*Real World Research*', and one of the areas on which he makes 'real world' comments is representative sampling. He points out that perfectly representative samples are virtually impossible to obtain, and that convenience sampling is the most commonly used type. A potential problem arises in respect of generalisability. However, the present project uses what Robson calls 'purposive sampling'; the conclusions will concern undergraduates who identify themselves as dyslexic, and hence all the informants come into that category – there will be no attempt to generalise about all dyslexic people.

By approaching only those students who accepted the label dyslexic, and writing to them saying I wished to investigate dyslexia, I was unlikely to meet anyone who questioned the concept of dyslexia itself. But the research question is not about the existence of 'dyslexia'; it is about the beliefs and behaviour of students who have been so labelled.

In order to test the validity of my coding, and also because it can be valuable to examine the data from more than one 'angle' (Denzin 1978), I sent the transcript of a whole interview to a colleague who is both a psychotherapist and an experienced qualitative researcher, asking him to code it in the light of my research questions. He wrote:

I think that this transcript attests to how productive the interview, as a research tool, can be. The interview is an exploration of experiences relevant to dyslexia at different developmental stages and yields a lot of material. The material contains data as to what the condition is and how it can be understood from a detached standpoint, but also it bears testimonies of how it feels to be the subject of this condition; it offers vistas of what dyslexia feels like to the person who has the label dyslexic applied to them (Flijanis 1997).

Flijanis coded the text with many of the same education-related categories as mine, namely 'spelling', 'creative writing' and the like, as well as dyslexia-related categories such as 'late diagnosis'. He also marked many utterances relating to affective aspects, such as 'determination to succeed' and 'anger when unjustly subjected to humiliation'. These latter I had already coded as 'determination/entitlement' and 'emotional response', sub-divided into categories including 'anger' and 'shame'.

I concluded from this process that as Flijanis had used so many similar codes to mine, my coding approach was satisfactory for the purpose. However, there remained the question of possible differences between coding using the 'Non-numerical, unstructured data indexing, searching and theorising' (NUD.IST) computer program (see 7.1 below) and traditional or 'manual' coding. I therefore re-coded one interview manually; for discussion of this, see Appendix XIV.

As regards reliability, I first wished to eliminate errors in the transcription of interviews. Transcription can be seen as an act of interpretation in itself (Myers 1999). Within the linguistics tradition, all sounds uttered (and pauses) are transcribed as accurately as possible, and usually no attempt is made to convert speech into the kind of sentences found in written language (ten Have 1999). While I did insert notes such as 'laughs' into the transcripts, I also found that sometimes I was not able to be certain as to the precise words being uttered by an informant.

I therefore sent all informants a copy of the interview tape with a copy of the transcript (having invited them to specify a font and paper colour – see Appendix XI), asking them both to correct the text and to edit their remarks if they wished. One (Geraldine) wrote:

It reads so badly! Yet when you listen to it, it sounds fine – two people thinking as they talk. And why not?

This response may have been influenced by my transcriber's insertion of 'erm' every time a speaker hesitated in that way, as well as his faithful insertion of all my 'back channel' utterances such as 'yes' and 'mmm' which appeared on the page to interrupt the informant's flow. At one point, that same informant used the word 'astuitously' where she was probably aiming at 'assiduously'; on the transcript copy, she corrected this to 'asiduously'. Later, when she was talking about being assessed by an EP, she wondered about the extent of the Wechsler tests used. At that point in the transcript, she wrote in the margin:

Did I say that? On listening, yes I did, but I don't think I'm right. I'm fairly sure (name of EP) did a full WAIS on me.

This shows the value of sending informants the tape as well as the transcript.

Listening to the tape reminded another informant (Charlotte) of her tendency to 'mishear' words of songs, which led her to add a train of thought to her feedback letter to me about mis-reading and mis-pronouncing.

I give as Appendix VIII a letter from Lisa setting out her thoughts on the 'erm' issues and also on her emotional response to the experience. In the interview, where the topic was word flashcards at primary school, she had added that 'putting the words together' was a problem; her annotation on the transcript was:

Avoiding the issues – because I'm not sure – can't visualise the words.

Informant Stephen emailed:

I have completed the spaces as asked and in any places where I couldn't understand what was said either I just put in what I thought should be there!

The above examples indicate the way validity was ensured. 36% of informants replied to my letter sending them the transcript and a copy of the recording.

Giving informants the opportunity to edit and revise their interviews also went some way towards answering another potential problem, connected with the 'reality' of what they said. As the sociologist Liz Stanley states:

(...) reality is not 'single', it is not precisely the 'same' event that people construct different and often competing descriptions of
(Stanley 1993:42).

There is also the question of memory. Asking people to recall their past on the basis of memory means that there is likely to be bias and selection in terms of powers of recall (Dex 1991) and in terms of the material they choose to present (Riddick 1996). However, the extended interview gives the informant leeway to develop a theme, and the research questions are not concerned with facts but with these very themes, i.e. the ways in which informants construe dyslexia.

In respect of generalisability, Plummer (1983) points out that personal documents such as interviews are unsuitable for the search for generalisable laws (or for the quantification that characterises positivism). Writing of cultural studies, Alasuutari makes a useful point:

Instead of starting a study with a ready-made hypothesis 'Is it true that...? one asks with an open mind 'How is it?' (Alasuutari 1995:145).

The present study intends to look at the phenomenon of dyslexia from a fresh point of view. To quote Alasuutari again:

The focus of attention is on explaining the phenomenon, on making it intelligible. To prove its existence is not necessary. (ibid.:147, original emphasis).

Schofield (1993) makes the same point, asserting that explaining the patterns which exist within a specific group of people does not lead to general laws of human behaviour. She adds however that the broad concept of generalisability can be adopted by qualitative researchers who are studying educational processes and institutions, if generalisability is '*thought of as a matter of the 'fit' between the situation studied and others to which one might be interested in applying the concepts and conclusions of that study*' (ibid.:221). Although the present study does not claim generalisability to all dyslexic students in higher education, it does assert that the cohort of informants involved exhibit patterns of experiences and beliefs which are informative for the sector as a whole. The

analysis to come will relate the findings to things beyond the immediate material: extrapolation, rather than generalisation.

6.8 Pilot study

The first stage of piloting was a 'trial run' of an interview. I arranged to do this with a student at Belleville whom I was working with as a learning support tutor. There were two logistical problems. First, I obtained use of the Chaplain's room at the University, which was furnished with comfortable elderly sofas. Unfortunately, it was in a building which was being extended; there was a mechanical digger in use not far from the window. I learned that while one may habituate to such sounds, a tape recorder does not; the engine noises proved very intrusive in the recording. Secondly, I was using a tape recorder with an internal microphone, which meant that the informant's words were further reduced in clarity compared with results using an external microphone.

I had a clipboard with the first version of my list of prompts for areas I hoped the student would talk about (see Appendix IX for final version). The transcript showed that most of my interventions were in the form of questions, rather than prompts to him to continue or expand a point. However, he was very clear about his interpretation of the term dyslexia. Transcription using the original tape recorder, which had piano key controls and could be paused easily, was physically successful apart from the intrusive noise. After I sent the informant a copy of the transcript, he made the reply in the Box below by email:

Box 6.1 E-mail from Chuck

Hi Daved

i just finch gowing throuw we did the taped interview. It surprised me how much we coverd, and on reding it cant think of enerthing to add or anthing that need to be re-phrased.

i don't think that much has changs, to mack it nessert to cang any of the senterment expresed.

Stage two of the pilot exercise was at Burtonforth University. This time, three informants were seen in the office of my colleague who is a lecturer there; he is

also an EP, and the students had been assessed by him in the same room. He had also passed to them my invitation to take part in the study. It was a secluded room at the top of a quiet block; we were able to sit in matching easy chairs, with the tape recorder on a coffee table between us. This time, the recorder performed rather better in terms of sound (although it was battery-powered, and I had no reserve batteries; it stopped before the end of my last interview). As I had never met the three students whom I interviewed that day, there was no feeling of artificiality as there had been with the first student (who was aware that we had already talked about most of the topics in our normal meetings for learning support). Having noted the number of questions I asked in the first pilot with Chuck, I took care to offer more generalised prompts.

I showed these students a draft letter inviting further students to take part, and they suggested that it be shortened and set out with more space between the sections (to make it easier to read).

Robson (1993:165) points out that in exploratory research such as the present project, pilot exercises can be used as 'dress rehearsals'; the work involved in gaining access to informants means that treating any interviews purely as pilots would be a luxury. Yin (1994:74) adds that the 'dress rehearsal' aspect means that *'the intended data collection plan is used as faithfully as possible as a final test run'*. Data collected in these early interviews is included in my analysis, as they proved that prompting informants to talk about their journeys through the education system, and then about their experiences at University, did indeed produce rich and colourful data. The logistical lessons were more important for me; I obtained a tape recorder with an external microphone, and also used a mains adapter so that battery life was no longer a factor. After experimenting with a larger machine for playback while transcribing (of the 'ghetto blaster' type), I learned that listening to the tape in the machine on which it was recorded, through headphones, gave the most accurate reproduction.

In terms of piloting or rehearsing transcription, I was intending to use the NUD.IST computer package to help with analysis (Richards and Richards 1995,1996). I therefore began by numbering each statement or intervention (or 'turn', as a linguistics approach would say (ten Have 1999)) sequentially,

believing that NUD.IST version 3 required this. Having discovered that the software inserts these numbers automatically, I changed to typing the initials of each speaker in the left-hand margin, in the manner of a play. The reasons for using a software package will be explained in Chapter 7.

6.9 Interviewing style and relationships with informants

My letter to potential informants at Burtonford and Axbridge Universities referred to the availability of a tape-recorded version of the letter, in which I gave further information about my project. However, none of the students I interviewed had heard this; either they had not requested it, or Student Services staff had forgotten to offer it to them. I therefore gave them the opportunity to ask me questions about myself at the start of each interview; with those who took this up, I was thus able to describe my background and motivation and say more about the nature of the study, so that their consent (although difficult to withdraw at that point) was at least more 'informed'. It tended to be the mature students who asked questions; my assumption is that the younger informants felt more deferential towards me.

An exploratory interview cannot be simply a research instrument designed to get at facts which are context-free. Nevertheless, although my interactionism has what Silverman calls a strongly relativist streak, and I am attracted to what he describes as '*the relative benevolence of hermeneutics*' (Silverman 1986:164), the pilot stage interviews showed occasional signs of paternalism, and some enthusiastic interventions, possibly driven by an unconsciously positivist interest in obtaining 'valuable' data. I tried therefore to be aware of this in subsequent meetings.

To the extent that dyslexia is fundamentally a "difficulty with words" (Pumfrey 2001), a conversational interview is in danger of running into language-based problems. First, the informant may not interpret my language in the same way as I do. With Ron, I used the word 'internalised' to mean 'took to heart' or 'came to believe'. He took it to mean 'kept secret'. Secondly, Arnold's poor verbal short-term memory meant that he sometimes changed direction sharply when he

remembered a question which I had asked earlier and abruptly started to answer it.

The way informants may have seen me, the implications of these factors and my assumptions concerning them are set out in Table 6.1:

Table 6.1 : Relationships with informants

Aspect of interviewer	Implications	Interviewer's assumptions
Male	The interview as a masculine paradigm	Some informants might have been affected by my gender.
Middle-aged	Probably the same age as the fathers of 19 informants	There might have been some transference (and counter-transference).
White	All informants were white except one, who was very aware of white patriarchy	The black informant might have seen me as a representative of white patriarchy.
Professional (confident and articulate, and knowledgeable about dyslexia)	This may have made some informants deferential towards me	Their awareness of my understanding of dyslexia and empathy with their difficulties is also likely to have encouraged many of them to speak more freely.
A 'believer' in dyslexia	If/when this was evident, it may have restrained some informants from questioning the concept	It may also have encouraged them to trust me, particularly when I empathised with their difficulties.
A learning support tutor	I occasionally felt that the ethical thing to do was to give informants information; I also let them know that I was experienced as a tutor.	This process also encouraged them to trust me, as well as making the encounters emotionally rewarding for me.
An academic	I was very different from them in terms of my role in Higher Education; on the other hand, we were involved in the same kind of institutions, and as a PhD candidate I was also a student.	Informants may have seen me as akin to a tutor.

When I went to Burtonforth University for a week of interviews, I met the students on the first day in a cubicle which was usually used for careers interviews. There was a row of these cubicles in a kind of suspended gallery (it was a very modern building); as the cubicles had no ceilings, the sound of voices rose from the floor below, and I judged that several informants were showing by their body language that they felt that our conversation might be overheard. Furthermore, my tape-recorder picked up the sound of the air-conditioning, making transcription difficult.

After that first day, I used the corner of a large formal meeting room known as the "boardroom." Though this was quiet, I felt that its size and formality were potentially intimidating, so I positioned the informants' chair facing the corner. This room was in the Student Services building; when interviewees arrived, they reported to a receptionist who was familiar to them.

In all three rooms which I used at that University, I sat on a chair identical to that of the interviewee, with the tape recorder on a third chair between us; I hoped that these arrangements minimised the imbalance of power. (I also refrained from holding a clip-board on my knee.) By contrast, at Axbridge I saw people in the room of one of the informants, who offered it for the purpose. This compact room was in an old building which had been converted into a hall of residence. Interviewees sat in a kind of "director's chair," I sat on the bed, and the tape-recorder occupied the top of a plastic storage box. Just outside the door of this room there was a fire door, which slammed loudly at intervals; there were also frequently people talking loudly in the corridor. In spite of this, the relative informality and domesticity of the setting made for relaxed interviews. Appendix XII contains further information about my relationships with informants.

Interviews began with a general question, such as "What were your primary school-days like?" This allowed informants to make their own selection of material; what they selected, and the order in which it came up, are factors which were at times revealing. In addition to this, a list of prompts about particular areas was used (see Appendix IX).

6.10 The raw data: transcription

Interviews lasted one and a half hours, and the average length of a transcript was 13,000 words. It was necessary to transcribe the entire interview in order to study every statement and allow theory to emerge from the data; selection of excerpts to transcribe inevitably involves a theoretical bias (Mason 1996).

As I worked through the recordings, I discovered that with practice, my ability to transcribe them improved in terms of speed; I reached a speed of approximately 1500 words per hour. A further point about transcription was that doing this myself was more practical than paying a 'professional' to do it; I used two different local typists for a small number of interviews (in order to reduce the total transcription time), and for consistency it was essential to check every word of their work by playing back the recording. Furthermore, the act of transcription reminds one of nuances expressed via tone of voice, hesitations, sighs or laughs and so on which an uninterested typist cannot convey.

A further point about NUD.IST is that version number 3.0.4, which I later upgraded to version 4.0, required text to be entered as text only files with no more than 72 characters per line (Gahan and Hannibal 1998), a refinement which I found it easier to deal with myself than to rely on paid typists.

Interview transcripts were sent to informants, giving them the opportunity to make clear what they meant to say, and to add further thoughts. 36% of interviewees did this. Contact has been maintained with approximately half of the cohort by telephone and email at the time of writing; that may appear to be a small percentage, but as six years have elapsed since the original interviews, I consider that a good proportion (bearing in mind that having graduated, many people move house).

6.11 Summary

After a summary of my ontological position and an examination of methodological approaches to the research questions set out in Chapter 5, the present Chapter has explained why interviews are an appropriate way to gather

data. It has also examined the nature of the interview relationship as well as practical aspects of the process. The next Chapter covers the management of the data and analysis.

Chapter 7: Methodology Part II: Data Management and Analysis

7.0 Introduction

This Chapter sets out the ways in which data were displayed and coded. It then moves on to analysis of the data, accounting for ways in which coding was formed into clusters and theory was generated.

7.1 Data management and display

Qualitative data may seem more unwieldy than quantitative, because for the latter there are standard statistical procedures and software available (Bryman and Burgess 1994). 90-minute interviews with 33 people amounts to many pages of transcript; in order to achieve consistent treatment across the range of data, it must be made manageable.

Qualitative analysis involves the development of concepts and theories. This is a naturalistic inquiry; it seeks to explore issues, rather than to test specific hypotheses. It is therefore necessary for developing theory to be 'grounded' (Glaser and Strauss 1967), and hence data must be managed in such a way as to facilitate the continuous interplay of coding and analysis (Strauss and Corbin 1990). This can be achieved as the data are managed by means of mechanical tasks (Strauss and Corbin 1990); it is also important to move freely between insights deriving from the data and insights deriving from the literature.

In order for lengthy interview data to be manageable, it is usual to begin by indexing it. This means locating words and phrases in the text, attaching codes and making links between them. The location of individual words and phrases can be valuable simply to find occasions where an informant referred to something specific (such as being 'frustrated'), and also to note where two expressions occur in the same context (such as 'reading' and 'problems'). Attaching coding is a time-honoured way of 'filing' sections of text, where a 'parent' category (such as 'primary school experiences') may have 'children' (such as 'reading', 'relations with teachers', 'vision problems') and even 'grandchildren' (where 'reading' might

subsume 'first failure', 'first success', 'special needs help' and so on). Making links between codes might, for example, involve looking for informants who reported being told that dyslexia was a brain deficiency and also indicated poor academic self-esteem; in the case of my overall research question, such links would clearly be made between informants who described dyslexia in similar ways.

Coding is however not only carried out for retrieval of text segments; it is also used for theory generation (Bryman and Burgess 1994). It is not a matter of carrying out coding, followed by analysis. I will expand on this below. First, I will describe the way computer software expanded from the quantitative into the qualitative field.

7.1.1 NUD.IST

The earliest computers were used purely for numerical data; it was only in the early 1980s that the first qualitative researchers began to employ them (Kelle 1995). Computers were initially used simply for creating electronic versions of index cards. Then in the late 1980s, Richards and Richards (1994a) became aware of the power of this technology not only to create multiple categories but also to form networks of cross-relationships between these; they soon felt able to state that 'most qualitative researchers now work with computers' (Richards and Richards 1994b).

One of the earliest programs in the field was The Ethnograph (Seidel et al. 1994), described as a 'code-and-retrieve' program (Weitzman and Miles 1995). Richards and Richards (1995) wrote their own, which they dubbed NUD.IST ('Non-numerical Unstructured Data Indexing Searching and Theorising'). Bryman and Burgess (1994) commented that at the time, there were at least eleven different software packages for qualitative research available; they wondered how far these programs conditioned the analysis that was undertaken, and hence influenced the findings. Whether using software or not, a key issue for the present project has been segmenting the data and attaching codes to the segments, in order for concepts to be identified, and their properties and dimensions noted.

Before I embarked upon any coding, I had been introduced both to NUD.IST and The Ethnograph, and saw that they offered a speedy and potentially efficient approach to the mechanical work, with the bonus of accuracy and thoroughness (though leaving the interpretation of the data to me). The then current version of The Ethnograph was designed simply for attaching codes to sections of text, and finding and displaying instances or combinations of these. NUD.IST is a 'theory builder'; it too can code-and-retrieve, but it also allows for the development of higher-order classifications and categories (Huberman and Miles 1994). Its authors, in describing the development of the program (Richards and Richards 1994a), paint a colourful picture of the complex system of traditional filing cabinets they were using for a research project, and the drawing up of '*a series of goals for a dream data handling system that would work*' (ibid.:152). These were:

- No limit to the number of codes or the number of times a passage could be coded
- The ability to ask questions about the relationships between categories
- A way of linking data with memos about emerging theory
- Flexibility, e.g. to rework earlier data or add files
- Avoidance of permanent data segmentation.

Richards and Richards were aware of the possible drawbacks of what they were doing, in terms of the potential contrast between the broad, deep and varied data generated by qualitative research and the systematic processing used by computer technology. They therefore decided to set up two data bases, one of documents and one of the indexing. This gave the program advantages over 'code-and-retrieve' packages: offline documents could be included, and the indexing database became '*a centre of methodological development*' (Richards and Richards 1994a:155), with the computer able to support any number of categories. A further advantage of NUD.IST is that some quantitative analysis is possible; for example it can calculate what percentage of informants used a certain word or phrase, and quickly tell the user how many interviews contained a certain code.

In one way, the enormous power of a computer has the potential to cause problems by supporting a vast diversity of indexing; however, this power also

allows rapid searching, and combining and re-combining of categories at the click of a mouse (Richards and Richards 1994b).

I was attracted to the NUD.IST software package partly because it allows the user quickly to create multiple codes, ensuring consistency of treatment across the interviews, and also because these codes may readily be combined as ideas emerge. I also liked the graphical system of representing codes, which (in versions 3.0 and 4.0) involves a hierarchical system of 'nodes' organised into what the authors call 'trees'. Using the analogy with a family tree described above, a node can be given 'children' or 'parents'. Nodes may refer to text codes or to concepts, and may be moved or combined, and linked to textual memos.

The management of such links is essential to this project, concerned as it is both to work 'up' from data and 'down' from existing theory. Data required coding and retrieval; patterns emerged, but as Tesch (1991:22) points out:

In descriptive/interpretive research the intent of the analysis is to gain insight into the human phenomenon or situation under study and to provide a systematic and illuminating description of the phenomenon, not explicitly to generate theory.

Some codes were therefore designed to be conceptually relatable to each other (e.g. 'best subjects', 'worst subjects', 'awareness of own strengths') and some to be factually linkable (e.g. 'date of assessment' and 'nature of first assessment'). Coding involved locating individual words and phrases, creating indices, attaching key words to segments of text and connecting codes (ibid.).

As my interviews broadly followed a standard learning history formula used in dyslexia assessment sessions, I began my coding by dividing 'school experiences' into 'nursery', 'primary', 'secondary' and '6th form or college', and adding 'university'. These headings were then sub-divided, not only into topics such as 'reading', 'writing' and other academic items, but also into 'self-esteem', 'relationships with parents', 'teachers' and so on. For examples of these 'trees' see Figures 7.1 to 7.3. It soon became clear that the same topics arose in connection with all stages of compulsory education, and that division into stages

was unnecessary; these codes were combined into 'all reading', 'all spelling' and so on. In this way, factual coding was simplified in readiness for interpretation.

Figure 7.1 Node 'tree' for 'English'

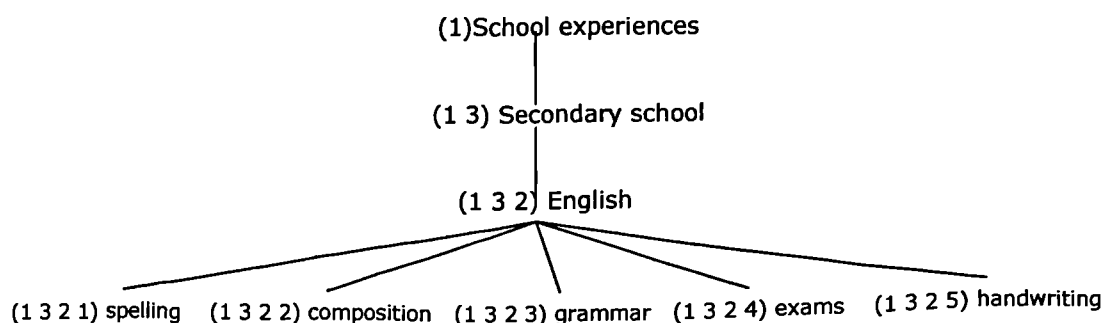
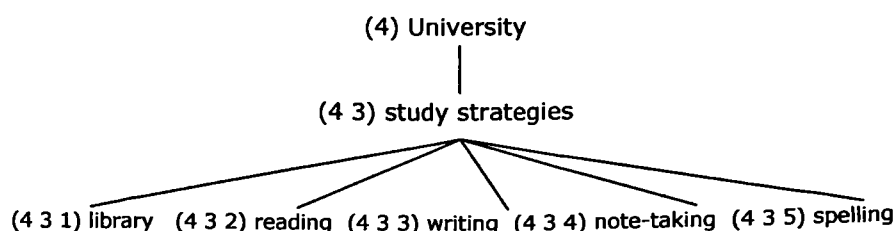
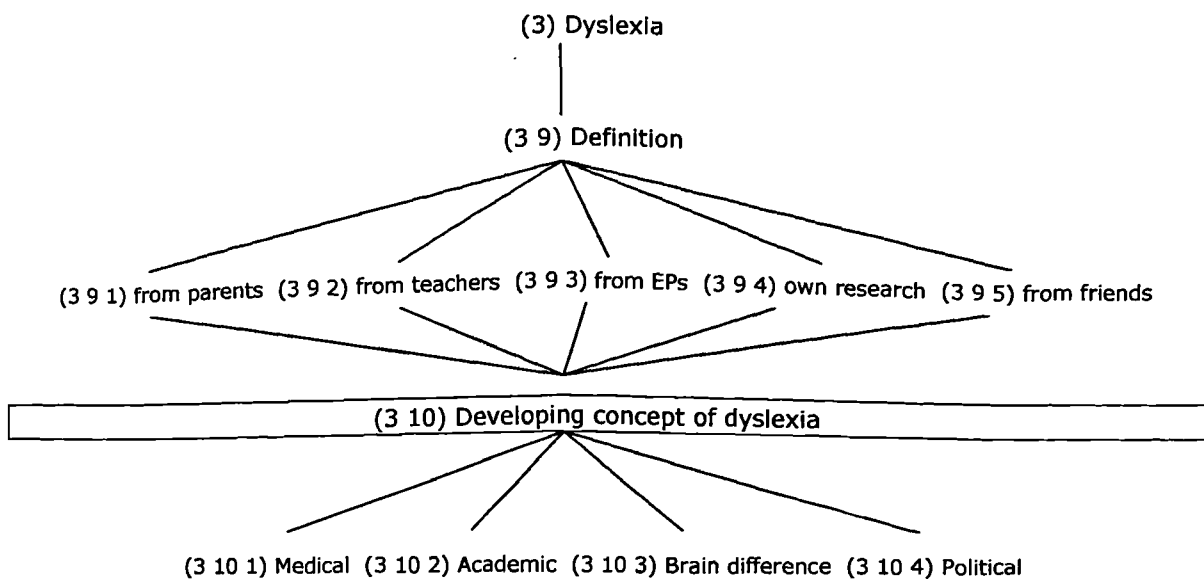


Figure 7.2 Node tree for 'Study Skills'



As I began to work through the interviews, I added the heading 'non-educational points' (to include such aspects as informants' language during the interview, body language as noted at the time and aspects of our relationship such as comments about me or self-deprecation). More importantly, I also added dyslexia as an umbrella category; informants talked about such matters as their definition of dyslexia or their feelings about it in general, in ways which were not related to any particular educational stage. Having encouraged them to do so, it was essential to code these comments in detail.

Figure 7.3 Node tree for 'definition of dyslexia'



However, the process of creating codes and categories is not automatically helped by software. As Holbrook and Butcher (1997) point out, coding can become an 'overblown activity' leading to too many categories and a false sense of accomplishment and productivity. It is very easy to create such a complex index system that theories are hard to develop (Richards and Richards 1994b). This implies that there is still a place for pen and paper, and even scissors and glue-stick. In fact, in common with many contributors to the 'qual-software' e-mail discussion group, I printed out the results of many text searches in order to 'feel' them and write on them; I also used a concept-mapping software package called 'MindManager' (Jetter 1999) to link codes visually (see last section of Appendix XIII).

Holbrook and Butcher (1997:16) warn: '*The computer may allow many riches to be uncovered but also there is equally great potential to contribute to trite analysis*'. This study is not examining the 'classic' behaviours associated with dyslexia, and therefore the fact that most informants struggled with reading and/or spelling at school will not be pointed out as a significant finding.

Since '*coding is analysis*' (Miles and Huberman 1994:56), it is important to acknowledge that even seemingly 'factual' indexing 'tags' are not value-neutral; however, the aim of first level indexing is to mark segments of text descriptively.

Any segment might be indexed with more than one descriptive code, as in the example below:

Table 7.1 : A range of codes for one text segment

Interview text (Enid)	Codes
<i>My Maths and Sciences were a bit - Biology was good; Physics was not so good, but not bad; Maths was - I got a C, but er that was through - we had to do coursework and exams, I was awful at exams, but I was all right at coursework, um, and I got a C only because I could do coursework; I scraped (laughs) through.</i>	Exams Best subjects Assessment methods Preferred output style Self-esteem

A code such as 'exams' is useful in order to retrieve all the segments of data where informants talked about examinations, and as such may be described as a simple descriptive code. What is more important however is the meaning of the words. A code such as 'preferred output style' is more than descriptive, and is moving towards the interpretive; a completely interpretive code for the above extract would be 'self-esteem', inferred from the words *awful*, *only because* and *scraped*, as well as from the laugh.

7.1.2 Comparison between NUD.IST and manual re-coding of one interview

In order to verify the codes which were being applied by using the computer, I re-coded one interview manually. This is explored in Appendix XIV; revisiting coding also has the important function of allowing response to ongoing issues found in the literature. A summary of some practical issues is given below, showing that there were several kinds of difference between the two approaches:

- My initial computer-based codes had reflected my background as a teacher, rather than as a researcher.
- It became clear that coding could be carried out simultaneously from the point of view of educational procedures ('reading' etc) or from an affective focus ('frustration' and the like).
- Similar multi-layered coding was possible in the case of education-related codes and identity-related ones.

- Manual coding led to further sub-divisions of codes; it was in fact the process of re-coding which resulted in this. For example, 'teachers' may include 'positive relationships', 'negative relationships', 'aware of dyslexia' and so on.
- Re-coding also resulted on occasion in refinement of the wording of codes.
- Finally, it also allowed me to identify a further layer of categories, such as those connected with the informant's relationship with me.

7.2 Documentary evidence

The data also included two types of documentary evidence: EPs' reports on informants, and information for students about dyslexia published by various Universities. The EPs' reports on my informants, given to me by them, varied in length from less than one page to eleven pages. These were all written to a formula widely practised by such psychologists, i.e. an introduction covering the educational background of the student and reason for referral, results of normative tests, outcomes of any criterion-referenced tests, conclusion in respect of dyslexia and recommendations. The dyslexia information booklets and leaflets bore titles such as '*The Dyslexia Handbook*', '*Support for students with specific learning difficulties (including dyslexia)*' and '*Student's Handbook: disabilities, dyslexia and special needs*'.

This material was coded in two ways: literal and interpretive (Mason 1996). The literal included noting any direct statements such as definitions of dyslexia or opinions as to what constitutes 'evidence' for it in a person, and (in the case of psychologists' reports) any remarks about the subject's emotional state or personality. The interpretive involved making inferences as to the model of dyslexia being used by the author. See Appendix XIII for NUD.IST codes, under node 5. The results of this process will be found in sections 8.2.4 and 8.3.3 below.

The role of documentary evidence is not one of supporting or validating other data; rather it constitutes data in its own right (Atkinson and Coffey 1997). Documents preserve a '*version of social reality*' (ibid.) Atkinson and Coffey go on to refer to observation of the use of language in documents, the genres and

linguistic registers employed. Such observation enables the inferences regarding models of dyslexia referred to above.

7.3 Examining and expanding a table of informants

Another way to identify themes is to display data, for example by tabulating information about each informant. Table 7.2 shows the basic facts about informants in alphabetical order: age, University, route to University and degree subject:

Table 7.2 Basic facts about informants, part I

Informant	Age	Route to Univ.	University	Subject
Adrian	25	BTEC	Belleville	Engineering
Alice	37	A Levels	Axbridge	Education
Alison	20	A Levels	Axbridge	Computer science
Aarti	22	A Levels	Burtonforth	Media & drama
Ann	21	A Levels	Burtonforth	Zoology
Arnold	20	US grades	Spenceton	Anthropology
Betty	49	APEL	Axbridge	Health visiting
Bruce	24	A Levels	Burtonforth	Biology
Charles	44	APEL	Belleville	Building surveying
Charlotte	21	A Levels	Spenceton	Social policy
Chuck	34	APEL	Belleville	Engineering
Eliza	22	Canadian grades	Axbridge	Hotel management
Enid	20	A Levels	Burtonforth	Archaeology
Fenella	44	Access	Spenceton	Social anthropology
Gary	20	A Levels	Burtonforth	Computer science
Geraldine	53	A Levels	Axbridge	(Lecturer)
Harry	27	A Levels	Burtonforth	Economics
Jemima	20	A Levels	Burtonforth	Occupational therapy
Jeremy	19	A Levels	Burtonforth	Biochemistry
Lance	24	A Levels	Burtonforth	Politics
Lisa	50	APEL	Burtonforth	Sociology
Mel	32	A Levels	Axbridge	Education and I.T.
Patrick	25	A Levels	Burtonforth	I.T.
Peggy	38	Access	Spenceton	Geography
Phoebe	21	A Levels	Burtonforth	Classics
Rachel	20	A Levels	Burtonforth	Occupational therapy
Robert	31	Access	Burtonforth	Law
Ron	41	Access	Axbridge	Adult nursing
Sally	19	A Levels	Burtonforth	Business studies
Stephen	22	A Levels	Burtonforth	Geology & geography
Susan	45	Access	Spenceton	Psychology
Victoria	50	Access	Axbridge	Social work
Will	18	A Levels	Burtonforth	Geophysics

It will be observed that, as set out in section 6.5 above, the cohort ranges in age from 18 to 53, contains 13 males and 20 females and reached higher education (at four different Universities) via a variety of routes. There is no pattern in the subjects informants were studying, although a wide range is represented. This table will gradually be expanded in subsequent chapters, as further information about each informant is elucidated.

7.4 Principles of analysis: category-building

Clear data analysis is essential if the explanations which develop are to be dependable and confirmable; grounded theory involves not only the development of categories which illuminate the data, but also the suffusion of these with cases which demonstrate their importance, and then the combination of the categories into a framework (Glaser and Strauss 1967; Silverman 1986). This process also aims to show that the analysis proposed emerges from the data, and is not simply an unrigorous confirmation of previously held views.

Previous theory nevertheless has a role to play here. Strauss (1987) has suggested that such theory can help to shed light on questions within a new but related project. My earlier work (Pollak 1993) and experience as a learning support tutor in HE not only influenced the design of the present study, but also made me receptive to particular speculative explanations within it in terms of informants' self-esteem. Strauss and Corbin (1990) define theoretical sensitivity in terms of insight, understanding and identification of the pertinent; I believe that my earlier experience gave me this, but also that my analysis must be data-led.

As the present study is a naturalistic enquiry, which investigates a topic rather than focusing on a specific hypothesis, a grounded theory approach (Glaser and Strauss 1967; Strauss 1987; Strauss and Corbin 1990) allows the process of progressive focusing to be made clear.

Use of a computer program made an important contribution to this clarity. Richards and Richards (1994a) are naturally enthusiastic about their discovery of the use of software for qualitative work. They describe NUD.IST as '*a category-*

exploration and category-building technique' (ibid.:165), in that it allows for constant interrogation of themes. This is partly facilitated by the way the user, rather than starting by finely coding small chunks of text and moving up from these to super-ordinate categories, works down from highest-order categories through progressively finer ones (Weitzman and Miles 1995). An example of this in the case of the present project is 'School experiences' > 'Reading' > 'Reading aloud' > 'Humiliation'. Coding may in fact be described as synonymous with the process of analysing data (Strauss and Corbin 1990).

NUD.IST allows the creation of a seemingly infinite number of categories; there is soon a clear need for clustering and condensation. Having made such decisions with paper and pencil (acknowledged by the developers of NUD.IST as retaining a role (Richards and Richards 1994b)), it was then easy to use the 'merge' function provided by the software. Many themes were common to every stage of compulsory education (for example 'self-esteem', 'reading', 'spelling', 'relationships with teachers', 'dyslexia assessment', 'learning support' and 'role of parents'). The arbitrary division of such codes into 'primary' and 'secondary' was thus easy to abandon. When these had been combined, there remained a wide range of categories which appeared to be independent (clusters which shared factors forming part of the research questions (Huberman and Miles 1994): those coded under the general heading of dyslexia (such as 'own main difficulties', 'strengths', 'effect on relationships' and 'other family members'), and a group under the heading of 'non-educational points' (such as 'relationship with me' and 'language during interview').

Some categories needed careful scrutiny; Yin (1994) cautions against seeking a predicted pattern of events, as opposed to what is actually observed. This led me to consider the preconceptions which I bring to the task, having been involved with dyslexia since 1974; I recognised the danger that I would tend to look in the data for what I expected to find. Huberman and Miles (1994) call this a '*threat to analytic validity*'. Under the heading of verification, they list possible shortcomings, including '*selectivity (and) overconfidence in some data, especially when trying to confirm a key finding*' (Huberman and Miles 1994:438). (I was however supported by the external coding described in section 6.7 above, as the colleague concerned had no experience of dyslexia.) Statements regarding the

meaning of data and assertions as to what is pertinent must nevertheless be justifiable; the basis on which they are made must be clear.

7.4.1 Detailed focusing

In terms of focusing on the meaning and implications of what was said, an interview transcript has the disadvantage of being 'at one remove' from the heard words. For a researcher brought up with paper-based information, reading the text on a computer screen feels like a further 'remove'. I therefore found it useful not only to have full print-outs of my interview data, but also to annotate them while listening to the tape recordings. Such immersion in the interview data also gave rise to lists of points in each interview at which each informant had made lengthy statements particularly relevant to my research questions, as well as other features of an interview especially characteristic of that person.

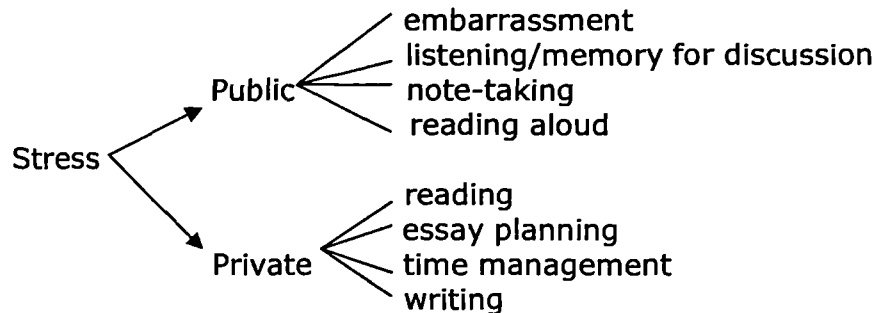
This immersion in the data also gave rise to new codes in NUD.IST. For example, it led to the addition of information on non-verbal outputs such as sighs and laughs, which in turn led to codes about affective aspects which the plain text did not always reveal. To illustrate this, there follows overleaf a longer extract from an interview (with Mel), which will be expanded upon below:

Table 7.3 Detailed coding of interview text

<p><i>Having said that, there's been a couple of things this term; (short pause) certainly one lecture I <u>completely freaked out</u>, which must have been I think <u>a dyslexic</u> - the degree of panic would have been going back to that. We were <u>doing logic</u>, and went into a <u>practical session</u>. I found the <u>notation hard</u>, especially with the upside-down letters which I keep - <u>to turn round</u> (laughs) - very bothering notation, but er unfortunately I was in a group where <u>most of them had looked at logic before</u>, and I developed the feeling like 'everybody's talking on a different level, <u>it's going too fast</u>, and I'm not, I'm <u>not hearing the words</u>, I'm <u>not picking up what they're saying</u> and I <u>can't write it down</u>, because it just comes and - like that <u>reduced me completely</u>. I had to sort of go (out) and (sardonic tone:) explain to <u>the poor lecturer</u> that er <u>everybody else seemed to know what was going on</u>, and er it was <u>just a complete mystery to me</u>. I couldn't - (sardonic tone:) wasn't even writing the overheads down fast enough to sort of sort out what was going - so that was er <u>a shock</u>, to go back to quite such a <u>deep-seated sort of panic reaction</u>. And I find, because I <u>don't like speaking out</u>, I cannot (pause) moderate it, I won't do anything until it's a crisis.</i></p>	<p>Stress Blaming dyslexia</p> <p>Linear thought Having to perform in front of others Symbolic material</p> <p>Orientation</p> <p>Self-esteem (academic)</p> <p>Speed of processing Receptive language Auditory sequential memory Writing speed/memory</p> <p>Self as small</p> <p>Blaming self Self-esteem (academic)</p> <p>Self as unintelligent</p> <p>Belief that strategies had been improving</p> <p>Self-confidence</p>
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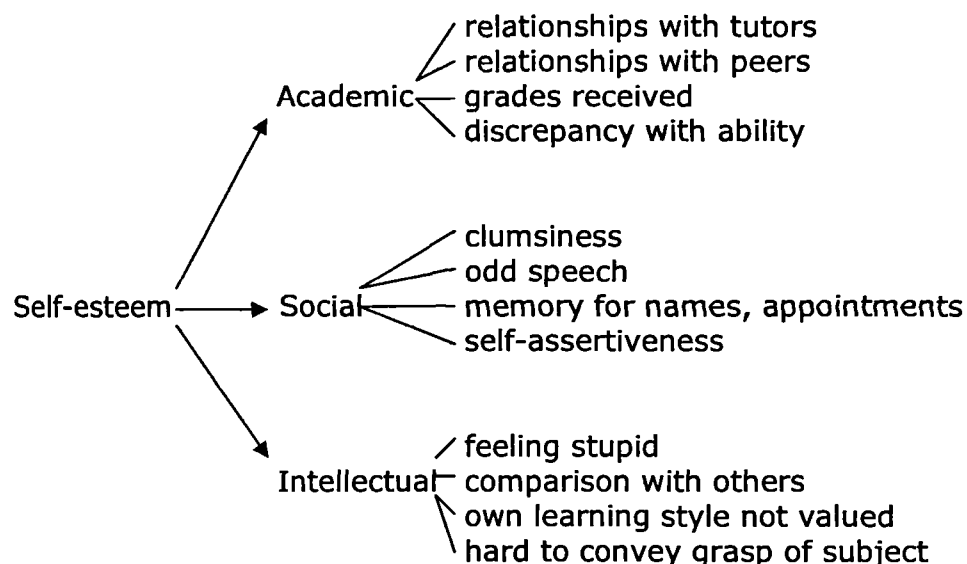
As Dey (1993:131) points out, 'it is most unlikely that our initial categorization will have exhausted the distinctions we can draw from the data'. 'Stress' (in respect of dyslexia) may be broken down into 'in public' and 'in private', and again into its possible causes (Miles and Varma 1995):

Figure 7.4 Miles and Varma's model of stress



Similarly, dyslexia-related self-esteem may be broken down (expanded from (Marsh 1992):

Figure 7.5 A model of self-esteem



Dey (1993:133) goes on to ask whether such fine distinctions '*relate to or illuminate our main conceptual concerns*'. Returning to Mel's utterance, bearing in mind that my research questions concern the relationship between informants' sense of identity and their ability to manage a degree course, it is clear that the incident she is describing not only includes many of the common difficulties of dyslexic students, but also that her self-image as coping with dyslexia is shaken by her experience of what she twice refers to as 'going back' to panicking when she fails to cope. She is suffering from public stress. This may well be because, in terms of self-esteem, the incident involves all three categories: academic, social and intellectual (see also 3.11 above). This stress is added to by the fact that the

incident conflicts with Mel's self-concept as a person who copes well with dyslexia.

Mel adopts a sardonic tone when she is feeling particularly self-critical. As Myers (1999) points out, it is often useful to look at what came before and after a selected passage from an interview. The speech in Table 7.3 was followed by the following exchange:

D: Yeah. But you did on that occasion; you went out to speak to the lecturer?

M: No, I had hysterics! I had to go out -

D: Oh I see.

M: I just completely disintegrated. Um -

D: Well what was the result of that then? You went out -

M: Er, he sorted out what I felt about it, organised a half-hour meeting the next day, er I've been back a second time, and I probably think that'll be the better half of that subject now, because I think I can do it, I don't have any problem with it. It was just a, an overwhelming feeling; it happens to me still occasionally, when everybody else seems to understand more, or to be interpreting more, what is going on.

This shows that, although she went on to use some even more self-deprecatory language, Mel was able to reach relative 'composure' (Dawson 1994) as she ended the anecdote.

7.4.2 Pattern coding

In terms of explaining Mel's view of dyslexia and herself, coding here has begun to move beyond the interpretive to what Miles and Huberman (1994:69) call 'pattern coding'. This involves grouping first-level codes into '*a smaller number of sets, themes or constructs*' (ibid.). Such pattern coding not only reduces data into manageable analytic units, but also prepares the way for cross-case analysis as common themes emerge. Miles and Huberman (ibid.:70) recommend looking for '*recurring phrases or common threads in informants' accounts*'. For example, statements such as:

- *They said I had a problem*
- *I knew there was something wrong with me*
- *At least I know I've got something*

might initially be coded simply as 'assessment' (for dyslexia). It is not surprising however that undergraduates who are in touch with their University learning support units will have been formally assessed as dyslexic; what is significant about such statements, in terms of the present project, is what they reveal about informants' internalisation of a medical image of dyslexia.

NUD.IST version 4, while providing simple graphics representing the 'tree' of codes, does not (a) show very much of a whole tree on one screen or (b) allow manipulation of the image. To facilitate pattern coding, I therefore created 'concept maps' of each section of coding (school experiences, University and so on), using the 'MindManager' software package (Jetter 1999). 'MindManager' allows the user to colour-code sections of a 'map' and also to use a variety of outline shapes to make groupings more distinct. This demonstrated graphically that the danger of over-coding was present.

7.4.3 Some quantitative analysis

The process of pattern coding was combined with printing out lists of codes within NUD.IST and adding figures to show how many interviews had been given each code. Dey (1993:28) gives a circular diagram (which he refers to as T'ai-chi T'u, but many would see as 'yin and yang') to illustrate the '*dynamic balance*' of the '*apparently opposing forces*' of quantitative and qualitative data. The box overleaf sets out some quantitative data which informed the pattern coding process:

Box 7.1 Quantitative data

- Parental involvement was mentioned by 48% in connection with primary school, but this increased to 75% when secondary school experiences were included; this reflected parents' concerns about assessment for dyslexia and examination arrangements
- 51% of informants mentioned art, technical drawing or visual creativity
- The prominence of teachers in informants' accounts increased from 66% mentioning them in respect of primary school to 90% when secondary school experiences were included; this reflects the increasing number of teachers in a child's life at secondary school, and probably the more recent nature (for 18-21 year-olds) of memories of secondary school
- 96% of informants talked about their feelings regarding dyslexia, in particular their self-esteem; most of these references were unprompted by the interviewer
- ICT was referred to by only 12% when talking about their compulsory schooling, but by 57% in connection with University experiences; this reflects the prominence of computer-based approaches to dyslexia support for the individual student in higher education. In addition, ICT-based learning support work in schools has become much more wide-spread only in recent years
- As informants were students who were known to the learning support units at their Universities, it is not surprising that in respect of University experiences, the most widely applied code was 'learning support' (84%).
- The next most widely applied was 'self-esteem and social life' (72%), followed by 'entrance issues and interviews' (69%). (Although my approach was to encourage informants to talk about their learning life histories chronologically, and my schedule included a prompt about University admission issues, the relatively low rate of 69% coding for this reflects the importance in interviews of following the topics which were salient for the informant.)
- 60% mentioned the teaching/academic assessment style of their University
- Of the codes headed dyslexia in general, the most frequent (reflecting the interview schedule) referred to the first time the word was mentioned to a informant (78%) and the definition of the term (75%). However, the question of the relationship between dyslexia and intelligence, not a specific interview prompt, was raised by 66%.

7.5 Field notes

Pattern coding was also informed by field notes (Burgess 1984; Strauss and Corbin 1990; Miles and Huberman 1994). For example, after my first interviews at Axbridge University (which included Mel, quoted from above), I noted:

Mel says that dyslexia will become a redundant concept if teaching is adapted to left- and right-brained people, but Victoria is very clear that dyslexia is a neurological defect.

Mel's identity includes a strong belief in her intelligence, but Victoria is very self-doubtful – yet both are determined to make the University accommodate to them.

Ron is quite different, wanting to keep as quiet as possible about dyslexia. He is also a classic example of TEITS ('thought everyone is the same') in respect of years of visual disturbance when reading, and the slowness of his reading.

I also used field notes to record developing theory. Again after my first visit to Axbridge University, I wrote:

The experience of dyslexia early in life has an effect on people's personality and emotional state about it all, which in turn affects their ability to overcome their difficulties, so that the syndrome is a mixture of emotional response to the present-day frustrations, plus the emotional history of it.

During my next visit there, Alice said: 'I'm aware a lot of the root of the problem is me and way I focus on life'. My notes after her interview included:

A child may or may not be aware of being dyslexic, but the struggle to cope with school affects the developing character. With that personality she goes on to the next stage. By the time she gets to 30 plus, she's got her basic personality traits which she had before she started school, her dyslexic brain pattern, plus the way the experience of being dyslexic has affected her character. It can't all be separated completely, but it seems like a continuing development.

In Chapter 8 below, this thinking will be seen to have contributed to a way of analysing the data.

7.6 Text searches

The NUD.IST software package has the capacity to search the text uploaded into it. This function is capable of more refinement than the 'find' function in Microsoft Word 6, which I was using at the time; for example, it is not only possible to search for a word, but also for its morphological variants, as in 'write/writer/writing/written/wrote'. It is also possible to locate sentences in which certain words appeared together, for example 'dyslexic' and 'depressed'.

Text searches have a further valuable contribution to make. *'Pattern codes are hunches'*, Miles and Huberman (1994:72) state; *'some pan out, but many do not:'*

The codes that survive the onslaught of several passes at the case and several attempts to disqualify them often turn out to be the conceptual hooks on which the analyst hangs the meatiest part of the analysis.

I did not scan the documentary evidence into my computer, which would have allowed me to import it into NUD.IST and search the text in the same way as the interview data. As section 8.3.3 below indicates, I scan-read the EPs' reports for key terminology, unaided.

7.7 Clustering

Through immersion in the data by repeated listening to the interview recordings and study of groups of extracts in NUD.IST, I identified key factors which differentiated between informants. This constitutes *'noting patterns and themes'* and *'clustering'* (Miles and Huberman 1994:245). A contribution to this came from grouping codes, a process which proved valuable in the case of coding applied to references to dyslexia which were not specific to a stage of education. As set out in Chapters 4 and 5, the background to dyslexia includes not only cognitive but also affective and social factors, which have been ably summarised by Peelo (1994, 2000a, 2000b). Clustering codes under these three headings produced the table overleaf:

Table 7.4 : Sorting codes into groups: cognitive, affective and social aspects (bracket = other dimensions which are also associated)

<u>Cognitive</u>	<u>Social</u>	<u>Affective</u>
Reading	teachers (A)	'all self-esteem'
Spelling	parents (A)	dyslexia assessment (C)
Writing	other students (A)	sibling rivalry
Maths	siblings (A)	laziness (S)
Art/creativity	reports (A)	identity (S)
11+ (A)	sport	relationships(S)
learning support (S,A)	careers	labelling (S)
cognitive style	excuse issue (A)	determination (S)
own strengths (A)	employment prospects	counselling
best/worst subjects	prejudice/ignorance (A)	feelings
oral ability (A)	helpful University tutors (A)	pride/dignity
academic ass't (S,A)	unhelpful ditto (A)	University stress
exams (A)	feedback on work (C,A)	University self-esteem/social life
'study skills' (S)	text searches: on my own, support	text searches: feeling, depressed, frustrated
word finding	disability	intelligence issue (C)
foreign languages	excuse	discrepancy
University entrance (S,A)		
Choice of subject		
3D/visualisation		
definition of dyslexia (S,A)		
own main difficulties (S,A)		
memory		
personal organisation (S)		
sequencing		
receptive language (S)		
expressive language		
University teaching style (S)		
text searches: bright, intelligent, thick, stupid (A)		
speed of processing		

This table shows that coding is indeed covering all three factors, although the distinctions between them cannot be 'cut and dried'. It will be observed that many of the cognitive aspects have both affective and social dimensions, and also that the social and affective factors are strongly interrelated. The reason for the predominance of cognitive features arises from a combination of factors: many informants took an essentialist view of dyslexia (on which more below), and the context was one of academic study by them.

Quantitative observation of the frequency with which codes are applied (the number of informants who speak of certain topics) can lead to data on the relative importance of each code in the overall analytical picture (Gahan and Hannibal 1998). Relating the process of grouping or clustering codes back to the division at factual level into stages of education, it is possible to identify salient

(in terms of the number of informants so coded) codes at different stages under the three headings:

Table 7.5 : Salient codes at different stages of education (showing numbers of informants who referred to these aspects)

Cognitive	affective	social
1. SCHOOLDAYS		
Reading 32	Self-esteem 33	Support from parents 26
Spelling 26	Thinking self 'dim' 23	Relationships with teachers 31
Writing 24	Depression 11	Relationships with other children 17
Oral ability 17	Success 24	Siblings 9
Exams 21	'Laziness' 7	
Best subjects 22		
Worst subjects 10		
2. UNIVERSITY		
Note-taking 11	Self-esteem 24	Pros & cons of support groups 18
Reading comprehension 15	Social interaction 21	Relationships with tutors 16
Essays 22	Stress 6	Not wanting an excuse 4
Exams 16	Enjoying content of the course 12	Relationships with LEAs 11
Time management 8		Job and placement applications 7
Dealing with ICT 19		
Awareness of own strengths and learning style 19		
3. DYSLEXIA IN GENERAL		
Intelligence; discrepancy with attainment 12	Self-acceptance 17	Determination to get a qualification 15
Short-term memory 15	Dyslexia and identity 22	Prejudice & ignorance 12
Personal organisation 9	Received definitions 33	Effect on employment 12
Awareness of own strengths and difficulties 19	Own definitions 20	

The contribution of this grouping system to the findings will be explored in the following two Chapters, where it will be seen to contribute to a descriptive typology which sets out various possible pathways from the definition of dyslexia to experience of HE.

In section 1.6 above, I stated that my intellectual puzzle concerned the meaning of dyslexia for HE students. This involves some degree of what Mason (1996:137) calls 'descriptive explanation', in other words an elucidation of the processes revealed by the data, combined with 'theoretical explanation' (ibid.:138) – the linking of the explanatory account with a wider body of theory. This allows the study to be 'convincing' (ibid.:145); the validity of my interpretation must be supported by an exposition of the way in which it was achieved. This will be demonstrated in the next three Chapters.

7.8 Summary

This Chapter has covered data display, indexing and searching, and ways in which theory was generated. It has shown that indexing involves coding, re-coding and code combining, and that documentary evidence and field notes play a part alongside a small amount of quantitative analysis. Finally, this Chapter has shown that, in the light of literature and following detailed focusing on the data, coding may be grouped in ways which were not anticipated when the indexing process began.

Next, the findings of the study will be presented.

Chapter 8: Findings Part one: Socio-emotional and identity issues in compulsory and higher education

8.0 Introduction

Chapters 6 and 7 set out the methods adopted in order to investigate the research question: 'How do dyslexic students define dyslexia and describe their own experience of it?' An important background factor to this question is that the literature on dyslexia is overwhelmingly cognitive (Stanovich 1982; Seymour 1986; Dockrell 1992; Fletcher 1994; Nicolson and Fawcett 1994). By inviting informants to describe their learning histories, I obtained data rich in affective and social material, as well as the cognitive; this provided answers to my question about informants' sense of identity and self-concept. They also talked extensively about their academic experiences, both at school and at University. Brief extracts from each interview, which exemplify the way in which informants spoke and the overall themes of the interviews, are given in Appendix XV.

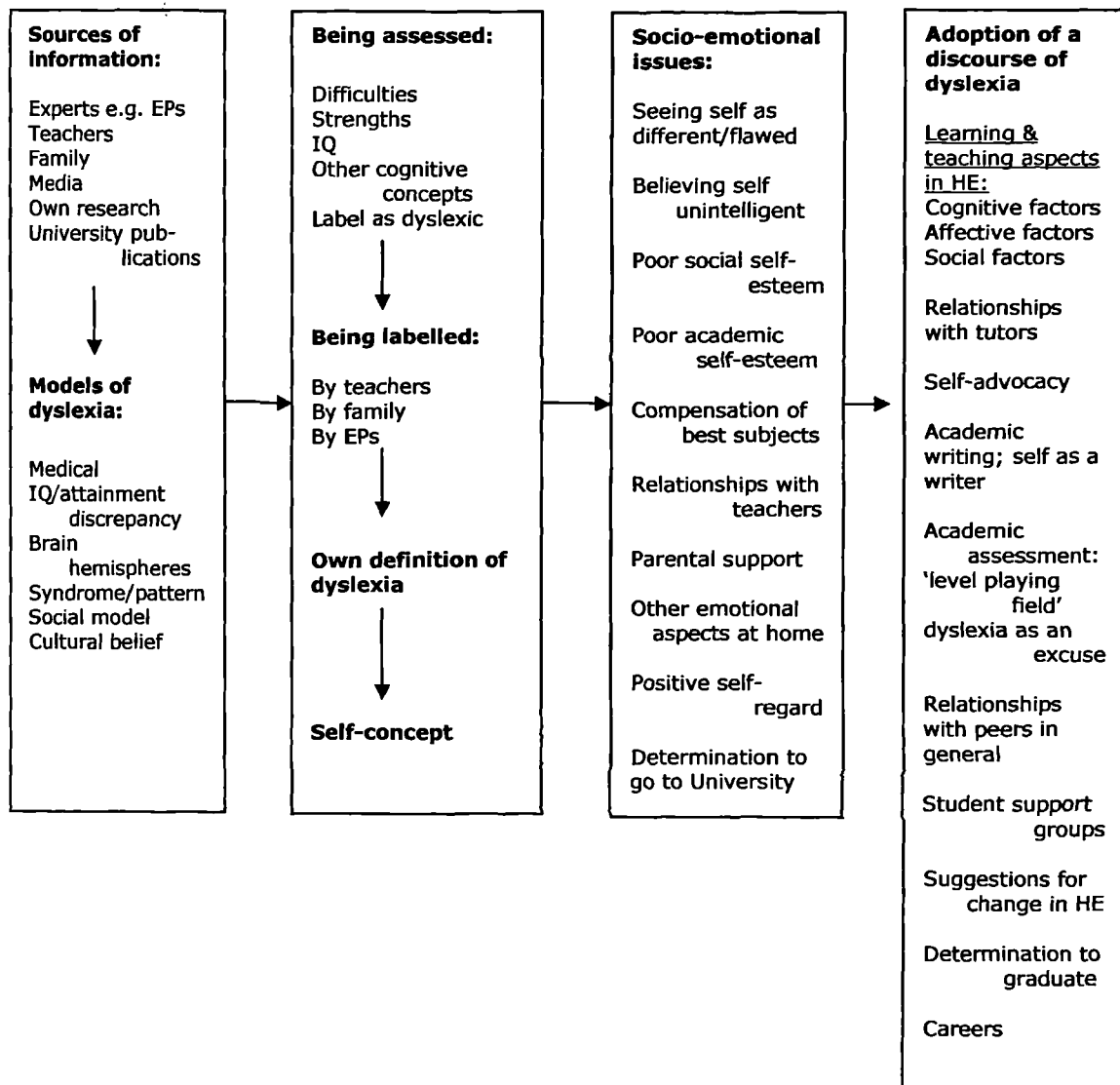
Findings will be set out in Chapters 8, 9 and 10. This Chapter begins by proposing a descriptive typology: a model showing the pathway for the individual from the definition of dyslexia to his/her sense of identity, and thence to the socio-emotional effects of the self-concept and their relevance in HE. This typology provides the structure for this and the subsequent two Chapters, in which the basic table of informants given in section 7.3 above is gradually expanded.

8.1 A descriptive typology

In the process of putting their experiences and feelings into words, my informants were employing cultural constructions and making use of available cultural representations (Summerfield 1998) as they tried to make sense of education-related events in their lives. In Chapters 4 and 5, I explored a range of literature on dyslexia and identity and the socio-emotional aspects of both. In section 7.5 I gave a brief example of the way my field notes contributed towards theory development. My interview data and documentary evidence show that an informant's beliefs as to the definition of dyslexia have a profound effect upon his/her sense of identity, that the combined effect of these factors in turn

produces emotional outcomes, and that this process influences such students' University careers. This model is set out in Figure 8.1 below:

Figure 8.1 : Pathway from the definition of dyslexia via identity and socio-emotional factors to experience of Higher Education



Four examples of such pathways:

1. Belief in her own intelligence (supported by her family) in spite of poor academic performance at school leads a student to focus on her own strengths of oral expression and visualisation, which in turn lead to her determination to go to University and success on admission. Informants with similarities to this: Robert, Rachel.
2. A received definition of dyslexia as a neurological deficit leads to poor self-esteem, which in turn results in social withdrawal, a tentative approach to University admission and a lack of confidence once admitted. Informants with similarities to this: Ann, Fenella.
3. Belief that dyslexia is a recognised pattern of difficulties creates expectations of learning support. When this is not forthcoming, anger and frustration begin at school and lead to a strong-minded effort at University to obtain special arrangements. Informants with similarities to this: Lance, Mel.
4. A received definition of dyslexia as principally a discrepancy between intelligence and academic attainment leads to a self-concept which focuses any difficulties on educational activities. The self may be seen as flawed, and experience at school and University may include intense awareness of taking longer than peers to complete study tasks. Informants with similarities to this: Alison, Alice.

The approximate average age at assessment of the cohort as a whole was 24 years. However, comments such as Eliza's: *'they started saying that there was something wrong with me (...) how old was I then? um, nine'* indicate that the process of labelling happens in areas outside the psychologist's office, and can also begin quite early in a child's life.

It might be expected that an 'identity' theme would emerge as a result of asking informants about their formal assessment for dyslexia, since this has the potential to result in the label being applied to them. I will now give an example of the way in which this theme became apparent, showing how it is linked to the definition of dyslexia.

Section 7.6 above referred to what Miles and Huberman (1994) call pattern codes. Miles and Huberman give examples of these under four headings: themes, causes/explanations, relationships among people and emerging constructs (Miles and Huberman 1994:70). The typology shown in Figure 8.1 above includes examples of all four of these patterns at each stage of the pathway, as set out in Table 8.1:

Table 8.1 : Patterns at each stage of the pathway model

Pattern	Definition of dyslexia	Identity	Socio-emotional effects	Experience of H.E.
Themes	The definition comes from people who know	You have to go to an EP to be identified as dyslexic	I get depressed about my difficulties, so I go to counselling	I spend more hours on tasks than peers, but it is my problem and I need to consult a learning support tutor
Causes or explanations	Dyslexia is a defect or a difference	My brain is different, and in some ways deficient	I need a lot of support	I did badly in the exams because I am dyslexic
Relationships among people	Experts are right, but EPs don't always treat you well	People call me lazy	Role of teachers can be positive and negative	Role of lecturers can be positive and negative
Emerging constructs	People can be ignorant about dyslexia	I can change my view of dyslexia	Dyslexics can go to university; I am determined to go	I need to be taught and examined differently

The theme in the top row of this table is the role of experts, with the concomitant belief by the student that her deficiencies must be identified and supported by such figures as EPs, counsellors and learning support tutors. The second row exemplifies the way dyslexia is often welcomed as an explanation for academic failure (Miles 1993). In the third row, a pattern in connection with relationships is shown whereby deference to authority figures can be diminished by a perception of poor treatment (such as an EP being uncommunicative or a teacher being sarcastic). The fourth row shows a pattern of reframing of the dyslexia concept (Gerber et al. 1996), in which awareness grows that there are other ways of

construing it. Examples of these patterns will emerge in this and the following two Chapters.

8.2 Available definitions of dyslexia

Having set out to look for ways in which informants defined dyslexia, I had assumptions about their likely reference to neurological concepts. The literature (and hence the dyslexia profession) has been replete with these throughout its hundred-year history (Miles and Miles 1999), as sections 2.1 to 2.1.6 and Appendix IV indicate. My research questions however involve affective and social areas, as well as cognitive; furthermore, such groupings emerge from the data, as Fig 8.1 above implies.

Informants talked about the following cognitive factors which influenced their definition of dyslexia; letters in brackets refer to overlap with affective and social aspects, and numbers refer to codes in NUD.IST (see Appendix XIII):

Box 8.1 Cognitive factors which influenced informants' definitions of dyslexia

Three-dimensional thinking (2 3) (3 8 1)
 Use of visualisation (2 3)
 Art and creativity (1 2 6) (1 3 24)
 Speed of information processing (1 8) (4 3 4) (4 9 2) (3 11)
 Sequencing/linear thought (3 8 2) (3 20) (3 20 1) (4 3)
 Memory (3 11) (3 11 1) (3 20) (3 20 1)
 Receptive and expressive language (1 3 14) (1 14) (3 24) (3 24 1) (4 3 6)

Study skills in general (S) (4 3) (4 3 1 passim)
 Personal organisation and time management (S) (1 3 23) (4 3 7)
 Learning support (S, A) (1 2 15) (1 3 11) (1 10) (4 5)
 Reading (1 2 1) (1 3 3) (1 4 9) (4 3 2)
 Writing (1 2 3) (1 3 2) (1 4 15) (1 5) (4 3 3)
 Spelling (1 2 2) (1 3 2 1) (1 5 1) (4 3 5)
 Mathematics (1 2 4) (1 3 20) (1 4 13) (1 6)

Academic assessment (S, A) (1 3 4 passim) (1 4 8) (1 8) (4 9 passim) (4 4 1)
 Cognitive style (1 2 25) (1 3 11) (1 4 4) (3 8 passim) (4 3 passim)
 Best and worst 'subjects' (A) (1 2 20) (1 3 8) (1 3 9)
 Their own strengths (A) (1 3 14) (1 4 4) (1 7) (2 3) (3 8 1)
 Their difficulties (S, A) (1 2 24) (1 3 23) (3 6) (3 30) (3 33)
 IQ/attainment discrepancy (A) (1 3 15) (3 9 1) (4 17)

It will be observed from the code numbers that the above cognitive factors emerged from most sections of the coding:

Section 1: School and College experiences

Section 2: Non-educational points

Section 3: Dyslexia in general

Section 4: University experiences.

Informants spoke of many more areas which came under the 'cognitive' heading than the affective or social headings. This is not surprising, as the focus of the interviews was their learning histories, and they were studying at University when seen. It is impossible to separate these three areas completely. For example, when an informant is talking about her difficulties she may be describing a cognitive process, but she will probably use emotional language and also refer to social aspects such as peer or parental pressure, or University teaching and learning policy. Also, it is noticeable that the social aspects tend to have an affective dimension and vice versa.

Text searches contribute to the process of focusing on all three aspects. In terms of the cognitive aspects which form part of an informant's definition of dyslexia, text searches included the following:

1. Did informants see dyslexia as a problem? Which aspects of their learning histories did they associate with problems? A text search of all transcripts for the word 'problem/s' revealed that this term was used almost exclusively by the interviewer, i.e. this thread did not 'pan out' (Miles and Huberman 1994).
2. A search for the word 'dim' had a similar result, although the word 'bright' was used by many informants to denote 'intelligent' (usually in a context of implying that they themselves were not).
3. A search for the word 'thick', on the other hand, found that it was used in 23 interviews; in 15 cases, the informant has used it of herself, to denote 'lacking in intelligence'. (It was also interesting to note that four informants commented on the achievement of reading a 'thick book', in one case quite recently; instructional texts for those who used to be known as infants and juniors, and 'remedial' texts, are usually short.)

Detailed exploration of the definition stage of the pathway shown in Fig 8.1 involves a number of cognitive factors and also some social ones. I will now explore the 'sources of information' in the first column of Fig 8.1 in turn.

8.2.1 The role of parents

An important source of informants' information about dyslexia was (in the case of younger informants) their parents. Enid (for brief 'life maps' of informants, see Appendix VII) said that both her parents were teachers, and that they had consulted colleagues (including '*a psychiatrist*') about dyslexia. Will's mother worked at a special school, and consulted a colleague there whose son had been identified as dyslexic. Eliza's parents '*started reading up*' on dyslexia and told her that '*you have a very high IQ, you're very smart, you just have to be taught in a different way*'.

Rachel's aunt had described Rachel as '*the practical one*' in contrast with her clever sister, but her father saw a similarity between himself and his daughter: '*You know your stuff – it's just, you find it hard to express yourself*'.

There was a clear contrast between parents of informants who had relatively high levels of education (who tended both to inform themselves about dyslexia and to pressure their child's school to act) and less well-educated parents, who tended to be fatalistic or uninvolved with their children's schooling. A similar contrast was found in a study of dyslexic undergraduates being carried out at the same time (Riddick, Farmer et al. 1997). In all, ten informants cited their parents as sources of information about dyslexia.

8.2.2 The role of teachers

19 informants were aged between 18 and 25, and would therefore have been at their Primary Schools in the 1980s. Their teachers were thus likely to have been influenced by the Warnock report (Warnock, 1978) and the subsequent Education Act (HMSO, 1981)(see section 3.7). However, no informant reported a teacher as having used the expression 'special educational needs' and only one (Lance) remembered having been referred by a teacher for extra help, which would have

given an implicit definition of dyslexia as something 'other' which had to be dealt with outside the classroom. Lance was referred by his junior school class teacher to a learning support teacher who described herself as dyslexic and said that she had dyslexic children of her own. She told him: *'You can make it. You're dyslexic, but you can get there'*. This is an example of the perception of dyslexia as a 'club' referred to in section 5.1.

Eliza (a Canadian) on the other hand used the expression *'something wrong with me'* three times when telling me about the first teacher to have commented on her difficulties. Several informants (Patrick, Charlotte, Jemima, Ron) were told by teachers that they would never succeed academically, but these were not learning support staff. Lance's support teacher taught him what he referred to as *'tricks of the trade'* for reading and spelling, which sounded like an atmosphere of group solidarity. This feeling of understanding was referred to by others. For example, Jemima differentiated between a *'special dyslexic teacher'* at her primary school and another who *'just didn't understand'* and *'just thought I was stupid'*. She then went to a secondary school where *'they didn't believe in dyslexia at all'*. This seems to demonstrate a developing concept of dyslexia as a cultural belief (Barton and Hamilton 1998).

Some informants (such as Patrick) attended weekly individual support sessions for several years. They did not specify ways in which these teachers defined dyslexia, but comments such as those quoted above indicate that the sensation of belonging to an exclusive group was important to some.

8.2.3 The role of the media and informants' own research

Turning to ways in which respondents used their own research to find out about dyslexia: the youngest 'researcher' of that kind in the cohort is Mel, who at the age of nine was aware of a classmate who was *'badly dyslexic'*, particularly in respect of handwriting. Mel was often paired with this boy, as she could read his writing with little difficulty. She knew he was labelled dyslexic, and found a Reader's Digest article on the subject. She thought:

Ah, that's me; what's more, that is definitely what he's suffering from.

The date would have been 1972, the year in which the British Dyslexia Association was founded; it was a time when interest in dyslexia was being promoted (Scott 1991), as set out in Chapter 3. Alice was in her teens in the 1970s, and remembered newspaper articles about word-blindness. These were not the first to appear; Geraldine recalled an article which *'gave a list of things that dyslexic people do'* in the late 1960s, to which she had had the same response as Mel: *'Hey, but that's me!'*

Lisa was a similar age to Geraldine. She spoke of seeing Susan Hampshire on television (this would have been *'If you knew Susie'* in 1975 – see section 3.6) and thinking *'Oh, I wonder, you know, if that's been my problem'*. Lisa also mentioned reading women's magazines; she found reading laborious, but if there was an article which she felt was relevant to her, she would read it.

Another respondent who spoke of Susan Hampshire was Victoria, with the difference that when Victoria read about Hampshire's difficulties, *'it still didn't register'*; she did not recognise herself, even when she read further newspaper articles about dyslexia. However, when she struggled at a Scottish dancing class and a friend suggested that she might be dyslexic, Victoria *'looked it up'* (she did not say where), and *'could see the patterns'*. She later told me:

I read somewhere that um dyslexia is often associated with um the child's mother, who had a very long delivery (...) I think my mother said it took me nearly 36 hours to come into the world.

Perinatal anoxia was for some time thought to play a role in the causation of dyslexia (Critchley 1970; Naidoo 1972).

Ron also sought information about dyslexia, when he realised it applied to him. He spoke of reading about the male/female ratio among dyslexic people, and of looking the word up in a dictionary (from which he remembered only *'spells b and d back to front'*).

At the time the data for this study were generated, informants would have had little opportunity to see published material on dyslexia in Higher Education other than literature put out by their own Universities, with the exception of two publications by Gilroy (Miles and Gilroy 1986; Gilroy 1991). In its first paragraph,

the former refers to '*diagnosed dyslexics*', '*their problems*' and '*their difficulties*'; the second paragraph describes dyslexia as '*an anomaly of development*' (Miles and Gilroy 1986:1). (The second edition replaced the latter phrase with '*a distinctive balance of skills*' (Gilroy and Miles 1996:1), but had not appeared when most of my interviews were carried out.) The work of Davis, a dyslexic man with a mission to spread the word about his personal way of tackling the issue (Davis 1995) had been published, but by an obscure publishing house; Davis' work has since received widespread publicity and his 'method' is being taught in several countries (Davis 2001).

The work of the National Working Party on Dyslexia in Higher Education had begun in 1995, but the report (Singleton 1999) was not published for several years. In terms of models of dyslexia, there is a similarity between Gilroy and Miles 1996 ('Dyslexia at College') and the Working Party report, in that they both offer mixed messages. Gilroy and Miles 1996 refer to dyslexia as a 'condition' with a 'physiological basis' and as a syndrome, but also speak of dyslexic people being 'gifted' and 'creative'. They imply re-framing when they write of '*tasks at which dyslexics are likely to be successful*' (Gilroy and Miles 1996:8). The Report of the National Working Party (of which Gilroy was a member) (Singleton ed. 1999) also mixes its language, describing dyslexia as a syndrome and a condition with neurological bases, but including reference to West's list of positive aspects such as visualisation and holistic thought (West 1997).

The National Working Party was not writing for students themselves. It was motivated by the same awareness of increasing numbers of dyslexic students in Higher Education that led to a number of conferences for professionals in the mid 1990s (Stephens 1996; Waterfield 1996). However, whether or not there were publications available to my informants, the majority of them were adamant that they read as little as possible. Also, home internet use was on a very small scale at the time in comparison with today's levels; no informant mentioned finding information about dyslexia from the world wide web. The source of informants' discourses of dyslexia was clearly human, with the exception of some mature students who had seen items in the press.

8.2.4 The role of University publications and tutor feedback

Just as a University presents students with a model of academic literacy (Lea and Street 2000), it also presents them (if it acknowledges the phenomenon) with a model of dyslexia. Stephen recalled seeing a poster at Burtonforth inviting students to come forward for dyslexia assessment; the words 'IF YUO CAN READ TIHS you might be dyslexic' had puzzled him for some time, because he could not see what was wrong with the words. Such a poster implies that the key to dyslexia is visual perception of letter sequence.

Spenceton was very clear about the medical model of dyslexia it presented to students. A leaflet about the work of the Learning Support Unit included the following on the first page (original emphasis):

Assessment for Specific Learning Difficulties (including Dyslexia)

*If you are seeking assessment for specific learning difficulties you **must** leave the following items with the receptionist at the time of making the appointment:*

- 1. a letter of referral from your Sub-dean or a tutor who has experience of your work*
- 2. a sample of your written work*
- 3. a completed application form which can be obtained from Counselling and Psychotherapy, your School Office or your Sub-dean*
- 4. any previous assessments you may have had.*

(The entrance to the Counselling and Psychotherapy department, which was housed in the Health Centre, was opposite the terrace of the main student bar on the campus, and several students told me they were too self-conscious to go there in the summer.)

In contrast to Spenceton's literature, Belleville's 'Dyslexia Handbook' began: *Belleville University welcomes students with dyslexia for the special skills and motivation that they bring to their studies.* The handbook page headed 'What is dyslexia?' stated:

Adults with dyslexia experience a marked and unexpected discrepancy between their general intelligence and the ability to perform tasks involving written language.

It went on to offer pages headed 'Special skills of people with dyslexia' and 'An effective learning programme', as well as 'Help from teaching staff' (a series of four pages marked *'You may want to give a copy of this to your lecturer'*). Having thus espoused the IQ/attainment discrepancy model, Belleville seemed to be inviting students to advocate for themselves.

Burtonforth's 'Student's Handbook – Disabilities, Dyslexia and Special Needs' sought to differentiate between disabilities and dyslexia. Furthermore, the dyslexia section drew a distinction between 'general learning difficulties' which students might experience for a variety of reasons (*'such as gaps in their education or returning to education after a period at work or bringing up children'*) and dyslexia. Dyslexia was exemplified by *'a cluster of the following symptoms'*, a statement which was followed by nine bullet points, all of which began with the word 'difficulties'.

Another University in the same city as Burtonforth was possibly even more clear about its espousal of a medical model of dyslexia; its booklet for students entitled 'The dyslexia support service' said of dyslexia:

'It's like having measles – the difficulty can be mild through to severe'.

This model appeared in more formal language in a Midlands University's contemporaneous 'Guide for staff' about dyslexic students:

It is a chronic neurological disorder that inhibits (.....). Its most common symptoms are (.....).

I can attest from personal experience that one seemingly permanent issue for the staff of learning support units is that of informing course tutors about dyslexia. Stephen seemed to be aware of a possible difference between the view of dyslexia held by Student Services and that of his course tutors. He said that he always wrote 'I am a dyslexic student' at the beginning and end of his examination papers, but *'I don't know if the markers understand'*. He was thus making the assumption, common to all informants in the present study, that

there was a clearly definable unitary phenomenon called dyslexia which lecturers could or should recognize.

In terms of tutor feedback, Spenceton University made it clear to Charlotte that she fell short of the required standard of academic literacy. When her first essay was returned, Charlotte had *'never seen so much red pen in my life'*. She recalled her tutor as saying: *'This is not the standard we expect at University. Do something about it'*. The latter remark may represent Charlotte's memory of the implication of the tutor's remarks; nevertheless, it shows the way in which the 'problem' was placed with the student. (The importance of dyslexia awareness among support staff is demonstrated by another part of Charlotte's narrative: it was an administrative officer in the School (of study) Office who suggested that she might be dyslexic.)

Tutor feedback of various kinds was mentioned by more than half my informants, but they referred to this in terms of academic-related comments; no one reported a tutor as having expressed an opinion as to the nature of dyslexia. (The significance of tutor feedback will be covered in Chapter 10.)

The various sources of information about dyslexia available to informants provided them with four broad models of it: the medical, IQ/attainment discrepancy, syndrome and hemispheric preference models. No informant spoke of having been offered a social model (as in the social model of disability referred to in section 2.4 above). However, this has been included in Figure 8.1, as some informants later adopted it for themselves; this will be explored in Chapter 11. One highly influential source of information about dyslexia was the EP, whose role will be explored under the heading of the next stage of the pathway, 'identity'.

8.3 Identity

The experience of being formally 'assessed' (the expression generally used for the process of identification as dyslexic) is usually the most powerful identity-related event in the life of a dyslexic person, because the EP is the person endowed with the power to pronounce as to whether a person is dyslexic or not. The expansion below of Table 7.2, the basic display of information about the

cohort, shows year of assessment and age at assessment. Details of informants' courses are now omitted; the full table may be found in Appendix XIX.

Table 8.2 Year of assessment and age at assessment

Informant	Age	Route to University	University	Year of assessment	Age at assessment
Chuck	34	APEL	Belleville	72	c.12, 33
Mel	32	A Levels	Axbridge	81	32
Gary	20	A Levels	Burtonforth	82	6 or 7
Eliza	22	Canadian grades	Axbridge	82	8 or 9
Stephen	22	A Levels	Burtonforth	83	9,17
Phoebe	21	A Levels	Burtonforth	83, 89, 92	8,14,17
Jemima	20	A Levels	Burtonforth	85	9
Sally	19	A Levels	Burtonforth	86	8/9,17
Arnold	20	US grades	Spenceton	88	12
Bruce	24	A Levels	Burtonforth	88	16
Alison	20	A Levels	Axbridge	91	15 or 16
Geraldine	53	A Levels	Axbridge	91	47
Ann	21	A Levels	Burtonforth	92	c. 18
Rachel	20	A Levels	Burtonforth	92	16
Fenella	44	Access	Spenceton	93	42
Lance	24	A Levels	Burtonforth	93	10, 21/23
Will	18	A Levels	Burtonforth	93	c. 10, 15
Betty	49	APEL	Axbridge	93	46
Charlotte	21	A Levels	Spenceton	94	19
Robert	31	Access	Burtonforth	94	29
Jeremy	19	A Levels	Burtonforth	95	18
Enid	20	A Levels	Burtonforth	95	19
Victoria	50	Access	Axbridge	95	49
Peggy	38	Access	Spenceton	95	37
Aarti	22	A Levels	Burtonforth	95	21
Patrick	25	A Levels	Burtonforth	95	24
Lisa	50	APEL	Burtonforth	95	49
Alice	37	A Levels	Axbridge	95	36
Susan	45	Access	Spenceton	95	43
Harry	27	A Levels	Burtonforth	95	26
Adrian	25	BTEC	Belleville	95	24
Ron	41	Access	Axbridge	95	40
Charles	44	APEL	Belleville	96	43

This Table shows that all but one of the mature informants (i.e. those over 25) were identified as dyslexic not long before they were interviewed, whereas the majority of those under 25 had been so identified in childhood. The effect of such early experience will now be examined.

8.3.1 Assessment for dyslexia at school

Section 4.7 above referred to 'abstract expert systems' which are used for defining people (Giddens 1991). At present, the role of the Educational (or Occupational) Psychologist in deciding that a person is dyslexic is paramount. Full psychological assessment for dyslexia constitutes a critical moment for a dyslexic person (Miles 1993; Turner 1997), and is also critical in furthering a person's progress along the pathway set out in Fig 8.1. There is a number of socio-emotional aspects of the assessment experience:

- The way it is presented to the child/student
- Fear of being found to be unintelligent and not dyslexic (this applies mainly to those assessed in adulthood)
- Relationship with the EP
- Experiencing pain and pleasure during the tests
- Feedback afterwards
- Reaction to the label.

Those who experienced formal dyslexia assessment at primary school had had much longer than other informants, not only to become accustomed to the label, but also to come to terms with any emotional reactions to it. Furthermore, those assessed in childhood may be more likely to accept the discourse of the psychologist (usually reported via parents and teachers); in addition, they lack the impetus to be labelled offered to undergraduates by the prospect of a Disabled Students' Allowance.

As has been noted above, medical or disability language may have been first used by a parent or teacher well before the assessment session. How did informants respond to this? Eliza's recollection was that her class teacher (at age eight) had *'said that something was wrong with this child'*. She was initially taken to a children's hospital for a physical examination; her expectation was that she would be given a pill, return to school and *'sit down and pass'*. However, this medical approach was soon modified: after assessment by two EPs, the family received what Eliza called the *'tremendous boost'* of her identification as dyslexic, with its message that *'you're very smart, you just have to be taught in a different way'*.

Stephen was first assessed at a similar age to Eliza, and he was presented with the discrepancy model of dyslexia (see section 2.1.1): *'I was told my IQ was quite good, but my reading skills were a bit less'*. His comment here raises an issue which was salient for many informants: the fear that assessment will not reveal dyslexia but lack of intellectual ability: *'It was nice to know that you're not just – you have got a problem, so it's not just because you can't do it, which is nice to feel'*. This was particularly important to informants who were assessed as adults (see next section).

Stephen's reward for attending his first assessment was a set of toy cars. Phoebe (at the age of eight) seems to have enjoyed going on a trip to London; she experienced the tests as enjoyable puzzles. Alison (at the age of 15) *'took great delight in being able to do the puzzle things'* although she remembered the digit span test as having been hard. This may be contrasted with Chuck's experience. He was also taken to London (in the early 1970s, so this meant *'various hospitals'*), but *'no one did me the courtesy to tell me what I was going to all these places for'*.

Sibling rivalry played a role for Ann; jealous of what she saw as her mother's higher estimation of her older sister's ability, Ann enjoyed hearing the EP explaining that both their IQs were well above average. Alison had also been gratified by being deemed to have *'quite high intelligence'*: *'that was how I had always felt'*.

Assessment reports clearly played a role for some informants in helping them to achieve a coherence system in terms of their identity (Linde 1993; Miles 1993) (see section 5.1 above). Ann was told that there was *'just a little thing wrong'* with her, but was happy that *'it was an explanation'* for her experiences. Will said that the report made him feel *'much better'*: *'I thought ah hah, I see the light'*. The coherence system factor may be of great significance in the continuing power of the dyslexia concept for students. Fenella (assessed at 42) said:

Although it was scary (...) I felt: at last there's a reason why I've had all these emotions about my ability and why I'm so slow at reading.

Ann was being assessed in preparation for her A Levels; this also applied to Rachel, who had (like Stephen) been afraid of being found to be unintelligent. Rachel's acceptance of the 'expert system' was very plain: *'It sounds like a professional saying you are OK, and you are'*. Rachel's psychologist seems to have avoided medical language: *'You're just different, you interpret information differently'*.

Stephen was re-assessed halfway through his A Levels, and had found the psychologist *'rude'* and *'patronising'* and the whole experience *'demoralising'*, although the report states that *'co-operation and persistence were maintained throughout the session'* and describes Stephen as a *'highly motivated hard working young man'*. EPs' reports may be received with mixed feelings (particularly by adults, both parents and dyslexic subjects). Phoebe's parents had later told her that her first report (at the age of eight) was *'really quite degrading'* in that it said she would be unlikely to pass any examinations. An element of reports often commented upon by informants was the quoting of reading ages. Jemima described her third EP as *'really really nice'*, but was *'shocked'* by seeing her reading and spelling ages given as 11 years when she was 18. Charlotte was assessed at 19 and had a similar experience; she telephoned her mother in tears when she received the report.

Jemima had been aware that she would have to show her psychologist's report to other people. At 16 years old, Rachel's reaction to identification also involved awareness of the opinion of others:

When I first got told I was dyslexic I was like dead embarrassed, cos I thought, 'Oh my God, everyone's going to think I'm a right uhm uhm', you know.

As was pointed out in sections 4.5 and 4.6 above, a social constructionist perspective sees identity as the adoption of the beliefs which are available in a person's social context. The examples in this section demonstrate the ways in which dyslexia can be socially constructed for individual young people.

8.3.2 Assessment for dyslexia in adulthood

In the case of adult students following Access courses, fears of others' opinions may apply more to course tutors than to fellow students. Fenella (assessed at age 42) was afraid that she should not be attempting any course when there was *'something wrong'* with her; Peggy (assessed at 37) did not want to approach a University saying *'please let me in with an Access course and by the way I'm dyslexic'*.

Probably the most emotionally powerful moment for Fenella in terms of assessment involved vocabulary. She had been doing voluntary work with people with learning difficulties; the special needs tutor at her Tertiary College gave her some tests and said that she had *'specific learning difficulties'*:

It was embarrassing because we were in a little side office (...) I should think the whole of the study skills department must have heard me break down into sobs and tears (...) It just felt terribly traumatic.

Fenella added: *'I still didn't know who I was'*. Peelo (1994) points out that *'diagnosis'* at such a stage constitutes a personal crisis; having decided upon a major change of life direction by going to University, the student is told she is *'deeply flawed'*. Victoria's written report (received at the age of 49) had made a profound impression on her:

My golly, I got everything wrong (...) An endless list of things I just can't do. No sequencing, nothing. Visual, auditory perception, is it called? That's all gone. There's just so many things wrong, I'm amazed.

Fenella's report had an equally powerful effect on her; it was *'devastating, ' it knocked me for six'*. Having gone through the fear described above of being found *'not all there'* rather than dyslexic, Fenella was relieved but also anxious about what the label meant; however, the hardest thing to deal with in the report was again the attainment data, the spelling and reading ages. The report of the NWP deplores the quoting of these in reports for adults (Singleton ed. 1999). Fenella said:

I already felt like a fish out of water at university and here I am in a grown-up world, a world that I never thought I'd get to because although I wanted to, it's really all beyond me, and who the hell do I think I am, you know, sort of doing this, and to see those ages, it just threw me back into that frightening world that I was in as a child.

Fenella and Victoria were among the older informants who saw themselves as defective (Peelo 1994). This resulted in part from the way in which dyslexia was described to them, but also from the timing of their introduction to it. As Riddick et al. (1997) point out, those who have lived with the dyslexic label for some years have had time to work out a detailed set of ideas about the concept. One such in the present group was Geraldine, who had been wondering for some ten years whether she might be dyslexic before arranging to see an EP at the age of 47.

Informants first identified as dyslexic in adulthood fall into two categories: those who had been wondering about dyslexia for many years, and those for whom a tutor's suggestion that they be assessed came as a surprise. Robert's experience was of the latter kind. His Access Course tutor first proposed that he should consult his doctor (showing that a medical view of dyslexia was still apparent in 1994), but he was eventually seen at a University which had a 'Dyslexia Unit' in its Psychology Department. Assessed at the age of 29, Robert was sent a report which he could not understand because of the jargon in it.

A link between those who had been wondering about dyslexia and those who had not lies in the IQ/attainment discrepancy model: both informants themselves and their tutors often arrived at thoughts of dyslexia because of an observed or perceived contrast between their oral ability and their reading or writing. However, in common with those already referred to in this context, several other informants (Rachel, Susan, Ron) had approached the meeting with the EP with one major fear: that the outcome would not be a verdict of dyslexia but one of low intelligence. Susan's EP had explained dyslexia neurologically, and Susan commented:

It was nice to know that it wasn't a mental ability – well I suppose it was a sort of mental, but the physical side of mental, you know, capabilities.

As was pointed out in section 4.7 above, identity can be acquired in part through the pronouncements which reach us via abstract expert systems. The informants in the present section were being inculcated with models of dyslexia which had a direct influence on their self-concepts. The way in which dyslexia was presented in the subsequent EPs' reports may have been more varied than the above examples, as the following section will show, but it remained highly influential as part of the associated elements (see section 4.9) which made up the self for those informants.

8.3.3 Documentary evidence: Educational Psychologists' reports on informants

Twenty-two informants gave me copies of their assessment reports. In terms of the information on dyslexia presented to informants, these reports constitute valuable evidence in two areas: the model of dyslexia adopted by the psychologist, and the terms in which s/he describes the student.

As set out in Chapter 2, there are widely accepted definitions of dyslexia which are based upon (a) a discrepancy between 'intelligence' and scholastic attainment, (b) a recognisable pattern of difficulties, (c) a neurological deficit and (d) the exclusion of other reasons for difficulties (lack of opportunity, primary emotional disturbance). As the reports on my informants were written between 1983 and 1995, with the majority dating from 1994 and 1995, they did not show evidence of the 'cognitive style' model of dyslexia which has appeared in the literature mainly since then (Cairns and Moss 1995; Krupska and Klein 1995; Reid 1996; Herrington 2001a); none of them referred to dyslexia as a 'difference' or as a preference for certain cognitive processes.

The reports varied in length from 270 words (in the case of those written by an EP at Burtonfirth University) to approximately 2,250 words; the majority of those by independent EPs were between three and five pages in length. Then (as now), the majority of EPs began their reports with a tabulated summary of Wechsler

Intelligence Scale results. Only a minority provided a glossary or information sheet on the nature of these tests.

Most authors used the term dyslexia (see Table 8.3 below). Some called it a '*specific learning difficulty*'. The Principal EP who reported on informant Bruce referred to '*a specific difficulty affecting his communication skills*', but reached this conclusion by citing not only an intelligence/spelling discrepancy but also the exclusion of '*environmental factors*'.

Thirteen of the twenty-two reports referred to intelligence/attainment discrepancy, using phrases such as '*difficulties in spite of superior intelligence*' and '*your pattern of performance is quite out of step with your general intellectual level*'. The lecturer in psychology at Burtonforth University used terms such as '*specific impairment*', '*significant degree of disability*', '*developmental dyslexia*' and '*dysgraphia*' (without explaining the latter). The reports on my American informant did not use the expression frequently preferred in the US, i.e. '*learning disability*', (Rourke 1988; Swanson 1996; Kavale and Forness 2000) but did refer to '*learning difficulties*'.

The second most common model of dyslexia in the reports (used by eleven psychologists) was the pattern of difficulties or syndrome model, although many combined it with other models, as Table 8.3 shows. One author (EP number 11) covered more than one option by writing of '*the syndrome of specific learning difficulties or dyslexia*'. Terminology here included examples such as '*profile associated with difficulties of a dyslexic kind*' (number 2) and '*fairly marked pattern of dyslexic difficulties*' (number 8).

Psychologists who supported their conclusions with neurological data used terminology such as '*phonological difficulties*' and '*auditory short-term memory*'. One referred to '*difficulties with auditory memory and visual processing, which have probably affected the normal development of literacy skills*' (number 1). The word 'normal' (or occasionally 'average' or 'typical') appears in many reports, making it clear that the subjects are not identified as such.

Exclusionary comments (as in the World Federation of Neurology definition of dyslexia published in 1968 – see Chapter 2) appear in only three reports, one of which in fact quotes the WFN text.

The suitability of the tests used for the population concerned is not relevant to the present study. It was however noticeable that several psychologists used the Neale Analysis of Reading Ability (which has a ceiling at 13 years and test passages to match) with undergraduates.

Apart from high 'intelligence' where relevant, very few reports mentioned any cognitive strengths in the students, apart from pointing out any Wechsler sub-test scores which were above the mean (although the significance of this was not always explained). In my experience, students of all ages can tell one a great deal about the way they function, before one uses any tests. While the American report on my US informant (written in 1987 when he was thirteen years old) included information from a 'self-administered student profile', very few of the other reports referred to any input from the student in terms of descriptions of their ways of processing information. The majority of authors presented themselves as experts; one began by stating '*I examined Phoebe on 15th March.....*', and another concluded that the subject was suffering from '*a permanent condition*'.

The longer reports tended to have most positive features; for example, one independent Psychologist in the South included paragraphs in italics at the start of each section, explaining what the test was for and what the results might imply. This author also included the warnings that '*all tests have some margin of error*' and '*an individual's mood and motivation may also affect the result*'.

The most important part of an EP's report may initially be the formal identification of the subject as dyslexic, if s/he needs this in order to obtain funding for learning support, or special examination arrangements. However, the recommendations at the end (if present, and if thorough) have the potential for more lasting value. In the context of the present study, it may be useful to examine the recommendations for further language which might influence the subject's self-image. Some examples, and suggested interpretations, follow:

- *'Chuck is already finding that word processing is helpful to him, although as yet it is terribly time consuming for him'* : this not only acknowledges the subject's input into the assessment process, but also conveys an element of his life as a student to his tutors, and furthermore sums up a problem area without using medical language
- One EP recommended additional time in examinations, leading up to this by describing the student as having *'a lively interest in his particular subject'* and as *'imaginative and creative'*, but *'handicapped'* by dyslexia and *'handicapped'* again by slow information processing. The student (Charles) took a medical view of dyslexia.
- The recommendation that tutors should *'appreciate that the spelling problems reflect a specific impairment, and do not simply reflect carelessness on your part'* seems intended to be helpful. The student concerned adopted a medical view of dyslexia, and defined this as *'a fault in your personality'*.

The table overleaf shows the range of models of dyslexia being used by the EPs seen by informants:

Table 8.3 : Educational Psychologists' models of dyslexia

Informant	EP	EP's model	EP's terminology
Fenella	1	Discrepancy	<i>Specific learning difficulty or dyslexia</i>
Charles	1	Discrepancy + pattern	<i>Specific learning difficulty or dyslexia</i>
Charlotte	1	Discrepancy + pattern	<i>Handicapped by a Specific learning difficulty or dyslexia</i>
Peggy	2	Discrepancy+pattern+ neurology	<i>Significant specific learning difficulty of a dyslexic type</i>
Mel	2	Discrepancy + pattern	<i>Specific learning difficulties(dyslexia)</i>
Susan	3	Discrepancy	<i>Specific difficulties</i>
Robert	4	Pattern	<i>Dyslexic disability</i>
Sally	5	Discrepancy + pattern	<i>Specific learning difficulties</i>
Enid	6	Discrepancy + exclusion	<i>Developmental dyslexia</i>
Jeremy	6	Discrepancy + exclusion	<i>Developmental dyslexia and dysgraphia</i>
Lisa	6	Discrepancy + exclusion	<i>Developmental dyslexia</i>
Harry	6	Discrepancy + exclusion	<i>Developmental dyslexia</i>
Aarti	7	Discrepancy + pattern	<i>Dyslexic difficulties</i>
Lance	7	Discrepancy + pattern	<i>Developmental dyslexia</i>
Patrick	7	Discrepancy + pattern	<i>Specific learning difficulties</i>
Alice	8	Discrepancy + pattern	<i>Dyslexic difficulties</i>
Victoria	9	Pattern	<i>Specific learning difficulty(dyslexia)</i>
Phoebe	10	Discrepancy	<i>Developmental dyslexia</i>
Chuck	11	Neurology+ discrepancy	<i>Dyslexic</i>
Stephen	11	Discrepancy + exclusion	<i>Specific learning disability or dyslexia</i>
Bruce	12	Discrepancy + exclusion	<i>Specific difficulty affecting his communication skills</i>
Arnold	13	Neurology+ discrepancy	<i>Learning difficulties</i>

These reports were written by thirteen different EPs, and were dated between 1983 and 1995. It is interesting to examine the reports which used a 'pattern' model. In the two reports which used such a model exclusively, the authors based this on the Wechsler Adult Intelligence Scale (WAIS) (Wechsler 1981) and one other test (either the Bangor Dyslexia Test, Miles 1982, or the Wide Range Attainment Test (WRAT), Jastak 1978). Only one of these pointed out any cognitive strengths. Of the reports which based the identification on a combination of discrepancy (see section 2.1.1) and pattern (section 2.2.2) models, two authors relied on the subject's self-reported difficulties to identify the 'pattern', and on the WAIS for the discrepancy; one of these wrote the oldest

report in this group (dated 1986). It will be observed that all but two of the psychologists in Table 8.3 included an IQ/attainment discrepancy as a key factor; in order to demonstrate this, they relied on spelling and reading tests in addition to the WAIS (or WISC in the case of children).

The nett effect of all the EPs' reports was clearly to identify the subjects as abnormal, as pointed out above.

The thread running through the experiences of informants, both as adults and as children, is not only that they are 'flawed', but also that the academy has immutable standards to which they must struggle to conform.

Combining Table 8.2 with sources of 'expert' views on dyslexia in informants' lives expands it as follows overleaf. For the sake of simplicity, informants' course and University data will now be omitted; the full table may be found in Appendix XIX.

Table 8.4 : All informants, showing sources of 'expert' views on dyslexia

Informant	Age	Year of Assessment	Age at assessment	Source of expert views
Adrian	25	95	24	EP only
Alice	37	95	36	newspapers, LST
Alison	20	91	15 or 16	EP + Ts + LS tutor
Aarti	22	95	21	EP
Ann	21	92	for A Levels	EP: IQ OK/'done well'
Arnold	20	88	teens	various Ts/EP/counsellors
Betty	49	93	c46	D's EP (then went herself)
Bruce	24	88	16	EP
Charles	44	96	43	LST; rdg on word blindness
Charlotte	21	94	19	LSU staff; LST
Chuck	34	72	school, 33	E.Ps ; own rdg
Eliza	22	82	8 or 9	EPs, SNT, parents
Enid	20	95	19	parents, Univ psychologist
Fenella	44	93	42	SNT at college; LS unit
Gary	20	82	6 or 7	class T; LSTs
Geraldine	53	91	47	own research, self-analysis, EP
Harry	27	95	26	Other student; EP
Jemima	20	85	97	SNT; EP
Jeremy	19	95	18	GF; Univ psychologist
Lance	24	93	21/23(+10)	LST
Lisa	50	95	49	Hampshire, mags, D's EP
Mel	32	81	32	Reader's Digest, EP
Patrick	25	95	24	EP + other students
Peggy	38	95	37	EP (clipboard image)
Phoebe	21	83, 89	14,17	E.P neg; M neg ;E.P no. 3 OK
Rachel	20	92	16	EP +ive
Robert	31	94	29	Access T; Bangor EP
Ron	41	95	40	Access T; EP; own research
Sally	19	86	8/9,17	EP, M
Stephen	22	83	9,17	D.I. T; M+F read books
Susan	45	95	43	LSU staff; EP
Victoria	50	95	49	DI T + EP
Will	18	93	Junior Sch +15	M's rdg; other dyslexic boy

Key:

DI : Dyslexia Institute

EP : Educational Psychologist

SNT : special needs teacher

M : mother

LS : learning support

F : father

B: brother

D : daughter

S : sister

LSU : Learning Support Unit

T : teacher

GF : girlfriend

sch : school

ass't : dyslexia assessment

ETH : extra teaching hours

rdg : reading

+ive : positive

neg : negative

Table 8.4 above shows that the predominant source of expert views on dyslexia was the EP (mentioned in that context by 66%). The next most prominent source was special needs or learning support teachers/tutors (30%). However, several informants referred to printed sources, either found at random or actively sought.

The report of the National Working Party on Dyslexia in Higher Education (Singleton 1999) states that 43% of dyslexic students had been so identified after admission. Table 8.4 shows that of this cohort, the figure is 57%. A possible reason for this is that 33% of my informants had been admitted to University via routes other than A Levels, a higher proportion than the national figure (HESA 1997).

8.3.4 The experience of being labelled

Reference has been made to the effect of 'diagnosis' and consequent labelling. Ann was clear about the change in her self-image which resulted from the 'diagnosis' of dyslexia: *'Up until then I had just been bad at spelling and there was nothing really wrong with me'*. Thereafter, she viewed herself as having a disability: *'That's the image of a dyslexic person'*.

Rachel on the other hand believed that this image involved being *'really stupid'*, and thus her initial reaction was *'Oh my God'*, until her EP explained it as a different brain rather than a defective one. (Rachel did not give me a copy of her report.) The combination of this and the high reported IQ increased her confidence at College. The model offered to Adrian by the psychologist was based on a graph of sub-test results which was *'like the Himalayas'*, with the explanation that a 'normal' person would show a relatively flat graph; *'you can say what you want but that doesn't fit me'* was Adrian's response.

Robert found the label *'a relief'*, because he felt it was *'an excuse for everything that had gone before'*. Similarly, Victoria said *'there was a label, there was an explanation, I wasn't just a total div'*. (Stephen expressed the same view.) Others received the label with mixed feelings. Charlotte said that *'half of me was quite chuffed'*, and Peggy said that it was *'the label you don't want and you do want'*.

Fenella wondered whether she had been grateful for the opportunity to '*hang*' her '*lack of ability on a label*'.

Alice was seeing a counsellor, whom she reported as questioning Alice's need to label herself; but Alice had completed a special module for dyslexic students at Axbridge University where group solidarity was encouraged. Charles also had questions about labelling; describing the outcome of assessment for dyslexia as '*somebody turning round and putting a label on you, as they've done now at the age of 44*', he wondered: '*does the label create the person?*' Although he did not then answer his own question, it was clear from other statements Charles made that he saw himself as defective.

Bruce, in common with Jeremy and Harry, saw himself as '*not severely dyslexic*'. However, his reaction to the label had been to think: '*I'll bloody show them*'. (Determination to go to University will be discussed in section 9.6 below.)

This Chapter has been demonstrating that informants' experiences of being assessed and labelled differed widely. These experiences led them to a range of personal views of the nature of dyslexia, which will be briefly discussed here and expanded upon in subsequent Chapters.

8.4 Informants' own definitions of dyslexia

In section 5.2 above, a model of the self-concept was shown (Marsh 1992) which divided the global self-concept into academic and non-academic areas. Some informants (such as Gary and Charlotte) seemed to link dyslexia exclusively with their academic self-concept, but this was not true for all by any means.

Enid was very clear about her definition of dyslexia: it was '*a memory problem*', which she explained in terms of every-day activities as well as academic knowledge. This view had reached her via her parents and the University psychologist who assessed her. Chuck was equally clear that it was akin to a physical disability, involving '*bad wiring of parts of the brain*'; like Enid he had received this from an EP, but had added his own research to the picture. Fenella

spoke in similar terms to Chuck. She had seen a different EP, but referred to '*a break in the communication system*' and '*a short in an electrical system*'.

Mel seemed to have carried out a great deal of research of her own; she was the only informant to use the terms 'acquired dyslexia' and 'developmental dyslexia'. Mel was aware of the range of factors often taken to form part of the latter term, but had come to the conclusion that an ideal situation would see the abandonment of such labels when a range of learning styles had become accepted. Geraldine, who worked at the University where Mel was a student, was delivering learning support herself, and had probably inquired into dyslexia more deeply than any other informant. She was adamant that it was '*not just phonological awareness*', but that dyslexic people's thinking was '*not basically linguistic*'. Geraldine had been influenced by the pattern of skills and difficulties model (Miles 1993) and by research into automaticity (Nicolson 1990); she concluded that '*the dyslexia is a disability, but your thinking strengths are not*'.

Harry used a phrase which other informants did not: he called dyslexia '*a bit of a barrier*' to academic study. From his EP (see Table 8.3) he had picked up the concept of IQ/attainment discrepancy; he also referred to degrees of severity of dyslexia (counting himself as '*not too bad*'), but did not see it as a disability except in terms of the job market. (For Harry, this involved the expectation of prejudice from potential employers, and then the possible contrast between the world of work and the relatively protected University environment).

Jemima's definition of dyslexia was focused on academic life: '*a difficulty in learning to read and write and sort of communicating in written terms*'. Peggy also focused on those issues in defining dyslexia, but added that they were caused by memory weaknesses which were in turn '*a physiological thing*'. Peggy was very clear that this latter notion had been supplied by her EP.

Victoria was adamant that she was not 'clever' in the way in which she wanted to be, and put this down to dyslexia. Eliza drew a contrast between herself and her older sister, whom she described as 'intelligent', adding: '*You're not stupid, but you continually prove yourself to be*'. The concept of intelligence was involved in most informants' language about dyslexia; many reported themselves as having once believed that dyslexic people were unintelligent, and Rachel was so

convinced of this that she had at first been unwilling to mention it to her friends. However, her current explanation of it was that *'it just means that you learn in a different way'*.

Referring back to the four examples of pathways through the descriptive typology given in Figure 8.1, it appears that the definitions of dyslexia set out in this section match those examples. Informants regarded dyslexia either as a quasi-medical matter, a matter of IQ/attainment discrepancy or as a function of hemispheric processes in the brain. They were deploying cultural constructions which had been offered to them by the education system, and in the process of telling the interviewer about these, they were using discourse to construct their identities (see section 4.7).

8.5 Summary of findings, part one

Having proposed a 4-stage descriptive typology, this Chapter has explored the first two stages: the definition of dyslexia and the role of this in identity formation as a dyslexic student. We have seen that beliefs regarding the nature of dyslexia can be derived from a range of sources, and that the variety of models of dyslexia explored in Chapter 2 remains wide – certainly wider than it was 100 years ago. Next, it has been shown that the process of formal identification, or assessment, as dyslexic is an extremely powerful and significant one for informants.

The next Chapter continues the process of examining the descriptive typology proposed in section 8.1 by considering its third stage.

Chapter 9 : Findings Part Two: Identity issues lead to socio-emotional effects

9.0 Introduction

In this Chapter, further findings are presented. These show how the identity issues explored in Chapter 8 affect students' relationships and emotional approach to learning during compulsory education. Informants who were identified as dyslexic during their schooldays spoke of similar issues to those who were identified after admission to HE. These included a pervasive sense of being 'different', and involved relationships with family members, peers and teachers. Sources of positive self-regard were also revealed, and the combined result of the above factors led approximately 33% of informants to feel a determination to go to University. (See Appendix XV for brief extracts from each interview, which exemplify the way informants spoke and include the themes of this Chapter.)

9.1 Problems and compensations in compulsory education : identity issues lead to socio-emotional effects

The research questions for this study cover informants' routes to Higher Education, starting from their experiences at school. Table 9.1 overleaf shows aspects of school experience which were prominent in the data, with quotations from interviews which exemplify these:

Table 9.1 : Some issues which arose in compulsory education

Issue	Number of informants
<p>Believed self to be unintelligent <i>Well you know, I'm dyslexic, I'm stupid; of course I can't do it (Phoebe)</i> <i>I think I felt that (I was stupid) kind of deep inside all the way down the line, even when I was working (Robert)</i> <i>It's difficult to know when I started to think I wasn't intelligent.... (Fenella)</i></p>	15 (12 women)
<p>Unfavourable comparison with other children <i>Oh, you're the practical one, whereas your sister's got the brains (Rachel)</i> <i>Laura was so wonderful and I was obviously a thick child (Ann)</i></p>	10
<p>Poor social self-esteem <i>The other students made fun of me because there was something wrong with me (Eliza)</i> <i>I think most of them were what you'd call the, um the undesirables, my friends (Patrick)</i></p>	12
<p>Poor academic self-esteem <i>(...) but things like English I'd just be really quiet and sit at the back cos I didn't want to be noticed (Rachel)</i> <i>Even when I couldn't read I would look at the picture and explain what was going on from the picture, even if it was a pile of totally different rubbish (Ann)</i></p>	19
<p>Support from parents <i>My parents helped me; like we had reading sessions every night (Jemima)</i> <i>My Mum pressed the school to keep checking, "check if he's dyslexic" (Will)</i></p>	12
<p>Exams <i>There were so many words, and I was going like "What are they asking me for?" (Patrick)</i> <i>If anyone threatens me with an exam, I think my answer will deal with sex and travel (Charles)</i></p>	29
<p>Compensation of successful school activities <i>I used to do a lot of Judo, and I used to fight for the North West team (Robert)</i> <i>The Biology was good because we did loads on plants and, you know, we dissected things (Rachel)</i> <i>I had a natural ability at Science (Gary)</i> <i>I made an intercom system and a light dimmer (Alice)</i></p>	22
<p>Relationships with teachers (bad) <i>I had a screaming match with my English teacher at one point, asking him just to give me some help of some sort (Ann)</i> <i>I ended up getting migraines, because she used to embarrass me in front of the class (Phoebe)</i> <i>The English teacher said "You've got a higher IQ than I have, I can't teach you anything" (Mel)</i></p>	19
<p>Relationships with teachers (good) <i>They were constantly positively reinforcing you (Jemima)</i> <i>She would do diagrams – I love diagrams – and make everything colourful as well (Sally)</i></p>	16

As Riddick et al. (1997) point out, accounts of schooldays are inevitably selective and influenced by memory factors. They add that in their group of informants, it was the older students who tended to recall humiliation, punishment and labelling as lazy (ibid.:160). This was not matched by the present cohort. For example, my youngest informant (Will, aged 18) quoted a teacher as saying 'He's lazy, can't be bothered doing the work', and another (aged 21) recalled a teacher 'making fun' of his efforts in class. But the present study does confirm Riddick et al.'s finding that those who are identified as dyslexic relatively early (i.e. at Primary School) may avoid being labelled as lazy, and hence escape from some of the negative effects on self-esteem of criticisms by teachers. Jemima, Sally, Gary, Eliza and Stephen all reported feeling more positive about themselves following assessment for dyslexia at Primary School.

Failure at school often seems to have led to feelings of shame (Giddens 1991) (see section 4.8 above). Academic failure easily leads to doubts as to one's intelligence, although several informants referred to success in Art or sport; sometimes they felt aware of an intelligence/attainment discrepancy well before this was documented by an EP. Others commented on academic failure being counterbalanced by social success (Marsh 1992) (see section 5.2 above).

It is interesting to look at the gender distribution of informants who had believed themselves to be unintelligent during their schooldays: as Table 9.1 above indicates, the majority of informants who thought in this way were female. It might be speculated that there is a cultural dimension here; it may be the case that more boys are identified as dyslexic because more is expected of boys, more notice is taken of their difficulties, or their academic failure is more likely to be ascribed to special needs (Fink 1998). In addition, boys may be more likely to become disruptive when frustrated (Morgan and Klein 2000). In the case of girls, who tend to remain quiet, the first assumption may be that they are 'not academic'. Fenella was quite specific about her family's assumption that she was destined to be a housewife, and it was made clear to Rachel that her destiny was to be 'practical'; Susan had been doing badly at school, but said of her parents: '*I think because I was a girl they weren't particularly worried about that side of things*'.

Burka (1983:298), writing of his work in a psychiatric clinic, states: *'It is very difficult for some learning-disabled children to take responsibility for problems they are having in the classroom'*; this leaves the difficulties firmly with the student, as if the school played no role. Phoebe, who was first assessed in 1983, remembered her teacher as saying plainly *'it's your fault'* when she failed to spell accurately (although she was a seven year-old in a class of nine year-olds at a full-time boarding school).

It may be observed by comparing Table 8.4 with Table 9.1 above that the quotations come both from informants who were identified as dyslexic at school, and from those identified at University. It is in respect of determination to go to University that there is a difference between these two sub-groups, as section 9.6 below will indicate, but they had a great deal in common as regards socio-emotional experiences during compulsory education. Children want to be the same as their peers (Edwards 1994), and they are usually acutely aware of differences. Among this cohort of informants, the following composite statements apply to their self-concepts during compulsory education:

Those identified as dyslexic at school: *'They could see there was something wrong with me, and I was sent for formal assessment to see what it was'*.

Those identified as dyslexic at University: *'There was something wrong with me, but I got by, and never thought I would get anywhere academically'*.

The similarity between these statements lies in the phrase *'something wrong with me'*, which encapsulates the way in which these people can be said to have been effectively pathologised by the education system. Sections 9.3 and 9.4 below will give examples of this process.

9.2 Parental support

Riddick et al. (1997) describe what they call 'protective factors' which may make schooldays more positive for dyslexic students. One of these is parental support, and this also emerged in the present study. Sixteen informants referred to some degree of support from their parents, ranging from non-specific encouragement to study of dyslexia and pressure on schools to arrange assessment and provide extra teaching hours. Riddick et al. also state that 'parental education level' may

explain why some parents were actively supportive and others not. This again is borne out by the present study. For example, Ron said his parents never read, and had not taken an interest in his academic progress, whereas Stephen's parents (a graduate engineer and a physiotherapist) had worked on his reading at home and visited his schools frequently.

Just over 50% of the cohort referred to the support of their parents. Such support ranged from the pressure for a dyslexia assessment referred to above, through paying for a private tutor, to encouragement to continue studying and to enter higher education. As might be expected, the majority of those who made no reference to parental support of this kind were mature students.

The further additions to Table 8.2 overleaf show those informants who said that their parents played a role in relation to dyslexia. This area will be expanded upon in section 9.5 below. (The full table may be found in Appendix XIX.)

Table 9.2 : All informants, including input from parents

Name	Age	Year of ass't	Age at ass't	Expert views from:	Parents' support
Adrian	25	95	24	EP	not stated
Alice	37	95	36	newspapers, LST (Univ.)	ETH, emotional
Alison	20	91	15 or 16	EP + Ts + LS tutor	ETH, general enc
Aarti	22	95	21	EP	not stated
Ann	21	92	for A Levels	EP	M sought ass't
Arnold	20	88	teens	Various Ts; EP; counsellors	pressure on him
Betty	49	93	c46	D's EP (then went herself)	not stated
Bruce	24	88	16	EP	not stated
Charles	44	96	43	LST; rdg on 'word blindness'	M typed his work
Charlotte	21	94	19	LSU staff; LST	ETH
Chuck	34	72	school, 33	E.Ps ; own rdg	took him to EPs
Eliza	22	82	8 or 9	EPs, SNT, parents	"all along"
Enid	20	95	19	Parents; Univ psychologist	M (was a T)
Fenella	44	93	42	SNT at college; LS unit	M read to her
Gary	20	82	6 or 7	class T; LSTs	M = emotional support
Geraldine	53	91	47	own research; self-analysis; EP	not stated
Harry	27	95	26	Other student; EP	non-specific
Jemima	20	85	9?	SNT; EP	ETH; special school
Jeremy	19	95	18	GF; Univ psychologist	M non-specific
Lance	24	93	21/23(+10)	LST	M; M+F= LS Ts
Lisa	50	95	49	S. Hampshire; mags; D's EP	not stated
Mel	32	81	32	Reader's Digest; EP	M read with her
Patrick	25	95	24	EP; other students	private T 6 yrs
Peggy	38	95	37	EP	not stated
Phoebe	21	83, 89	14, 17	3 EPs; M	Sent to boarding sch
Rachel	20	92	16	EP	M non-specific
Robert	31	94	29	Access T; EP	financially
Ron	41	95	40	Access T; EP; own research	F = help w. h'work
Sally	19	86	8/9, 17	EP, M	M 'all the way'
Stephen	22	83	9, 17	D.I. T; M+F read books	M+F a lot
Susan	45	95	43	LSU staff; EP	F = reading
Victoria	50	95	49	DI T + EP	not stated
Will	18	93	Junior sch; 15	M's rdg; dyslexic boy	M req'd ass't; ETH

Key

DI : Dyslexia Institute

EP : Educational Psychologist

SNT : special needs teacher

M : mother

LS : learning support

F : father

B: brother

D : daughter

neg : negative

LSU : Learning Support Unit

T : teacher

GF : girlfriend

sch : school

ass't : dyslexia assessment

ETH : extra teaching hours

rdg : reading

+ive : positive

req'd: requested

In terms of self-esteem, a further 'protective factor' at school can be awareness of strengths and success areas. Sixteen informants (48%) mentioned Art in this connection, and eight said that Maths had been their best subject. A further nine had done well in Science, with four of those referring to practical work in Biology. Sport was also relevant to self-esteem: nine informants (27%) described themselves as having achieved particular success in that area.

9.3 Difficulties at school

As might be expected, the areas of the school curriculum which informants described as causing them the most difficulty (and hence emotional problems) were reading, spelling and what used to be known as 'composition' (writing). Prominent in this regard was reading aloud in class, an activity described in painful terms by eight informants. For example:

I suppose I am like every person that used to dread the time it was your turn to read the book in the class and you'd be there going 'Oh my God, is it going to be me next?' – and every time the teacher would look up to check the next person, everyone's head went down (Charlotte)

Charlotte was 21 when interviewed. Lisa was 50, and must have had this experience many years earlier:

'Everybody's got to read, you've got to do it, come on get on with it'. So I did it and when I finished, um, I was in quite a state and she said 'that was terrible'. She said 'we won't ask you to read again'. Um, I think that was...after that I just never, never read aloud, ever, to anyone (Lisa).

In contrast with these memories, Lance recalled being aware that the teacher was not selecting him to read aloud (he had a stammer in his youth, as well as being an inaccurate reader) and resenting this. Mel and Aarti described expressing resentment at the time about what they saw as unfair treatment at school; they went on to be somewhat combative at University in terms of demanding support from their course leaders, and were joined in this by

Patrick and Lance, who were both involved in student support groups and lobbying University authorities about dyslexia.

Informants' emotional memories of schooldays in connection with reading sometimes involved comparison with other children in other ways. Robert recalled making a *'huge effort'* to learn to read *'because I was the only one who couldn't'*. Several others commented on awareness of the thickness of the books they had been reading at school, some even pointing out how thick or complex a book they had read recently had been. Speed of reading was another aspect of which they were acutely aware; Aaron remembered (at *'14 or 15'*) being set *'a very short story'* to read for homework: *'Some people had read it in a night. It had taken me a week'*.

78% of informants spoke about spelling at school, and all but three (Charlotte, Fenella and Victoria) used words such as *'appalling'* and *'atrocious'* to describe their own ability. This was associated with self-consciousness (Ron, Phoebe), desperate measures such as writing words out many times (Alice, Rachel) and awareness that there were spelling *'rules'* which some other students were able to learn (Alison, Mel). The link between written language ability and self-esteem was made clear by informants such as Ann, who felt *'particularly useless and thick'* because she was *'not any good at anything written down'*. Will said: *'Every time I started writing, garbage came out'*. In connection with writing, informants made other self-deprecatory comments such as *'sounds messy'* and *'what a prat'*.

Spelling sometimes seemed to be beyond informants' control; Phoebe said: *'I'm trying to write "concise," and I put a 'p' down, and that totally – that throws me, and I can't think what I'm trying to do'*. As Aarti put it: *'Any letter can start ending up in there'*.

Informants' memories of writing were not uniformly negative. Some remembered early successes. Charles (aged 44) recounted in detail a story about animals he had written at primary school, and Adrian's memory was similarly vivid:

I wrote about a spaceman that flew around the galaxies, and I filled the book. Literally filled it completely, pictures, everything. And I got a recommendation to the headmaster.

Ron had studied the life-cycle of a bee with his father, and had been delighted to find an examination question on this; at 41, he said he could recall his essay on it '*word for word*'. Susan's first writing success had been passing English Language GCSE at the age of 38; she could '*remember vividly*' an essay she wrote for the examination.

9.4 Relationships with peers and teachers

As pointed out in section 5.5 above, students potentially expect a teacher to fulfil a range of roles, including being a 'provider and comforter' as well as a source of knowledge (Salzberger-Wittenberg et al. 1983). For students, a teacher may be the first 'significant other' (Stuart and Thomson 1995) they have encountered outside the home, and her verdicts on them are highly likely to be internalised.

Relationships with teachers in connection with spelling and writing included the following issues, which were each mentioned by more than one informant (including the youngest, meaning that these things happened relatively recently):

- Embarrassment at having incorrect spelling or poor composition read aloud
- Being told that difficulty in finding words in a dictionary was 'not trying'
- Amount of work produced (e.g. half an A5 page in an hour) being announced to the class.

The topic of spelling and composition also led informants to talk of comparison with other children, which has the potential to raise the image of 'myself-as-I-would-like-to-be' (Kelly 1955) referred to in section 5.3 above. Issues involving contrast with other children included:

- Coming 'bottom' in weekly spelling tests
- Covering writing with one arm
- Amazement that other children could remember spelling
- Making handwriting very small
- Being the slowest at copying from the board.

In contrast to these memories, some informants recalled successes:

- Several described stories written at primary school which had been praised
- Many remembered success with oral activities
- Some spoke of the compensation of success outside the classroom in activities such as sport.

Informants who spoke of success areas were remembering aspects of both their academic and non-academic self-concept, as set out by Marsh (1992) (see Figure 5.1).

Unsuccessful teaching approaches resulted in emotional responses such as the following:

- Frustration with the contrast between oral and written ability
- Having to '*labour and cry*' over spelling homework (Arnold).

Three informants (Patrick, Alice and Charles) had seen counsellors as adults, but only one, Arnold (my American informant) had seen one as a child. His behaviour had been judged sufficiently disturbed for him to be withdrawn to what he called the '*rubber room*' for play therapy. Arnold described the events which led to this as being connected with his anger and frustration with his difficulties in class, but also with his relationship with his father, whom he described as capable of '*explosive anger*'. Arnold spoke a great deal about his father; it seemed likely that he had not experienced the 'mirror' of positive regard (Kahn 1991) referred to in section 4.4 above. (In a recent book of autobiographical essays by Americans with 'learning disabilities' (Rodis 2001), Arnold continues to discuss his father, but seems to have made peace with him.)

9.5 Socio-emotional (and identity) aspects at home

Table 9.2 above shows those informants whose parents were supportive. Seven informants (Adrian, Betty, Aarti, Harry, Jemima, Lisa and Ron) did not refer to their mothers at all; nine informants (Ann, Aarti, Chuck, Patrick, Harry, Will, Peggy, Bruce and Ron) did not refer to their fathers. It will be noted that three (Aarti, Harry and Ron) made no reference to either parent; Aarti mentioned the word 'parents' only when she said that they were born in India.

A theme common to seven informants may be paraphrased as: 'My mother noticed that there was something wrong and pressed the school to have me assessed or given extra help'. Informants used language about themselves such as '*having difficulties*' or '*something wrong*' to describe this. I have referred above to the use of text searches within the NUD.IST software package; it is striking that, unlike most such searches, the word 'wrong' was used by every informant. With one exception, the word 'difficulty' was used in connection with the informant him- or herself (as in 'I had difficulty with reading'). Use of the word 'wrong' was a little more diverse (as in 'I was doing the wrong course' as well as 'I got it all wrong' and 'they said there was something wrong with me'). However, of those informants who used language similar to the latter statement, the majority approached University admission without a great deal of confidence. This seems to bear out Rawson's (1995) observation (quoted in section 5.6 above) about low self-concept being prevalent among boys who were 'diagnosed' after they had experienced failure. Determination to enter HE will be explored in section 9.6 below.

Several informants spoke of parents who encouraged them to practise reading and writing at home; Stephen's mother made him flashcards, and Jemima read to a parent in the evenings at secondary school as well as primary. Robert recalled sessions with his father on multiplication tables: '*I mean he did, every single night, persevered hour after hour after hour, night after night after night*'. Robert called this frustrating for both of them, and the same word was used by Arnold, whose parents did homework with him:

We would just labour and cry, trying to memorise how to spell words, and they would test me every night and I'd get angry and cry.

Gary's relationship with his mother sounded very different. He described her as '*quite alarmed*' when he told her how distressing he was finding his A Level courses, encouraging him to abandon them. The determination came from him, however, and he persevered, although he '*did cry on her shoulder many a night*'.

If any family members identify themselves as dyslexic, particularly if this involves parents, there is potential for a special kind of support. Seven informants stated that one parent was

dyslexic; Table 9.3 shows a further expansion of the previous Table, to show those who stated awareness that family members were dyslexic. The full table may be found in Appendix XIX.

Table 9.3 : All informants, adding family members

informant	age	yr of ass't	age at ass't	expert views from	Family dyslexia	Parents' input
Adrian	25	95	24	EP	not stated	not stated
Alice	37	95	36	Newspapers; LST (University)	F, B	ETH
Alison	20	91	15 or 16	EP; Ts; LST	S; M; uncle	ETH, gen enc
Aarti	22	95	21	EP	not stated	not stated
Ann	21	92	for A Levels	EP	not stated	M req'd asst
Arnold	20	88	Teens	various Ts; EP; counsellors	not stated	pressure
Betty	49	93	c46	D's EP (then went herself)	2 Ds	not stated
Bruce	24	88	16	EP	B? S? Cousin?	not stated
Charles	44	96	43	LST; rdg on 'word blindness'	not stated	M typed his work
Charlotte	21	94	19	LSU staff; LST	not stated	ETH
Chuck	34	72	School, 33	E.Ps; own reading	3 siblings	Took him to EP
Eliza	22	82	8 or 9	EPs, SNT, parents	no	"all along"
Enid	20	95	19	Parents; University psychologist	F; GM	M (= T)
Fenella	44	93	42	SNT at College; LS unit	not stated	M read to her
Gary	20	82	6 or 7	class T; LSTs	not stated	M= emot. support
Geraldine	53	91	47	own research; self-analysis; EP	not stated	no
Harry	27	95	26	Other student; EP	not stated	non-specif
Jemima	20	85	9; GCSE; for A Levels	SNT; EP	M (probably)	ETH, spec sch
Jeremy	19	95	18	GF; psychologist	not stated	M non-specif
Lance	24	93	21/23(+10)	LST	not stated	M; M+F=LSTs
Lisa	50	95	49	Hampshire, mags, D's EP	B, D	not stated
Mel	32	81	Sixth Form + 32	Reader's Digest; EP	nieces	M did reading
Patrick	25	95	24	EP; other students	not stated	private T 6 yrs
Peggy	38	95	37	EP	not stated	no
Phoebe	21	83, 89	14, 17	3 EPs; M	M	sent to bdg sch
Rachel	20	92	16	EP	F	M non-specif.
Robert	31	94	29	Access T; EP	not stated	financially
Ron	41	95	40	Access T; EP; own research	B	F = help w h'wk
Sally	19	86	8/9, 17	EP, M	B	M 'all the way'
Stephen	22	83	9, 17	D.I.T; M+F read books	not stated	M+F a lot
Susan	45	95	43	LSU staff; EP	M = illiterate; 2 Ds	F = reading
Victoria	50	95	49	D.I. teacher; EP	not stated	not stated
Will	18	93	Junior School +15	M's reading; other dyslexic boy	not stated	M req'd asst; ETH

Key

DI : Dyslexia Institute
EP : Educational Psychologist
SNT : special needs teacher
M : mother
LS : learning support
F : father
B : brother

LSU : Learning Support Unit
T : teacher
GF : girlfriend
sch : school
ass't : dyslexia assessment
ETH : extra teaching hours
rdg : reading

D : daughter
neg: negative
+ive: positive
req'd: requested

The emotional effect of this varied considerably from one family to another. Enid's father presented dyslexia to her as a memory difficulty with spelling, and tried to pass on his strategies to her when she was 13; Alice and her father never spoke of it until she was an adult, when she raised the subject, only to be told that her father had avoided mentioning it:

*If I talked to you about it, you might see it as an excuse not to try,
and I didn't want to put you off because you were trying so hard.*

This is in contrast with Phoebe's experience; she had '*always been quite familiar with it*' (dyslexia), because her mother was open about her own identification. However, Phoebe's mother believed that she had been discriminated against in employment, and initially did not want Phoebe assessed because of '*that stigma*'. (It seemed that Phoebe's mother's view had changed, since Phoebe described her as '*very sort of self-confident now and loud*' about dyslexia.)

For Rachel, the knowledge that her father was dyslexic was confused with the intelligence question. Rachel's sister was '*always the exceptional star*' whereas Rachel was '*the practical one*'; their father ran his own business but his wife wrote letters for him, and Rachel '*wondered why my mum was with him because my Mum is really intelligent*'. She quoted their father as telling her:

*You're very like me. You know it, you know your stuff; it's just – you
find it hard to express yourself.*

Robert and Victoria were both punished by their parents when school reports described them as lazy or not trying. Sally on the other hand had a mother who believed her daughter needed support for dyslexia; asked whether her teachers had heard of this, she said '*I'm sure they had by the time my Mum had finished*'. Stephen's school had wanted him to drop an A Level, and he expressed similar pride in his parents: '*Luckily good old Mum and Dad came in again and bollocked everybody and sorted it out*'. (Barton and Hamilton (1998:105) describe the way some parents feel '*shut out of their children's schooling*' and become campaigners for dyslexia support. Joining a Dyslexia Association may make dyslexia into what Barton and Hamilton call a '*cultural belief*'. I will return to this concept in Chapter 11). Next, three further emotional responses which emerged strongly from the data.

9.6 Pride

The word 'pride' may be interpreted in two ways: there is straightforward pride in success (as in the examples of creative writing success quoted above, and which can also include pride in one's own cognitive style), and there is pride in the sense of sensitivity regarding one's dignity.

In terms of compulsory education, there were several examples of informants' dignity being wounded:

- Phoebe's teacher read out her spelling mistakes to the class
- Robert's French and Maths teachers told him to stop coming to their classes
- Lisa's teacher commented publicly on the poor standard of her reading aloud.

Pride in their own cognitive style was not shown by many informants when recalling their schooldays. There were however these examples:

- Charlotte successfully used mnemonics to remember mathematical facts
- Geraldine described herself as '*a very good patterner*'
- Jemima recalled colours used in her GCSE revision notes
- Sally found she could remember diagrams used by one teacher
- Stephen did well in Physical Geography because he could picture the real world (as opposed to the more theoretical aspects of Human Geography).

9.7 Frustration and anger

In several cases, informants expressed anger as they recalled frustrations at school (Aaron, Robert, Aarti, Enid, Ron, Alice). Alice believed that she had difficulty in expressing her anger about the way all her educational experiences had been a struggle, because she had been brought up to believe that anger should not be shown. Victoria, on the other hand, was vehement about her anger that dyslexia had prevented her from achieving what she felt might have been possible (see section 10.1 below).

'Frustration' was the first thing Ron recalled when asked for his principal memory of primary school. He had disliked '*special lessons*' for reading, and took deep

breaths to calm himself as he spoke of a teacher whom he paraphrased as saying *'don't bother too much, you won't sort of go that far'*.

Three informants (Chuck, Jemima and Jeremy) described feeling that teachers were frustrated with them, but eight others used the word of their own feelings. Arnold used it more frequently than any; he used to argue with his father about his homework, and with teachers about his frequent 'demerits' and 'checks off'. Arnold also felt frustrated about being kept back a grade, and about the way he was frequently late in submitting assignments.

Robert was also voluble about frustration. Like Ron, he used the word very early in our interview, this time in connection with his father's efforts to teach him multiplication tables. Later, Robert recalled the mutual frustration between him and his maths teacher, because Robert wanted information repeated so many times; he added that his feelings had been aggravated by the way his reports said he was *'exceptionally lazy'*, when he believed that he had been making an effort.

At the time when informants of the age of Ron and Robert (41 and 31) were at school, the provision of counselling for UK school students was not as widespread as it is now (Downey 1996). This may partly explain why the only informant to refer to receiving counselling during his schooldays was American (although of course some may have chosen not to discuss this). Some informants did however seek counselling at University, which will be covered in section 10.1 below.

9.8 Determination to go to University

Table 9.4 overleaf adds informants' approaches to University (in note form) to the existing list of all informants. The complete table may be found in Appendix XIX.

Table 9.4 : All informants, showing approaches to University application

Informant	age	expert views from	family dyslexia	parents' input	approached Univ.
Adrian	25	EP	not stated	Not stated	not stated
Alice	37	Newspapers; LST (University)	F, B	ETH	v . keen
Alison	20	EP; Ts; LST	S; M; uncle	ETH, gen enc	"have a go"
Aarti	22	EP	not stated	No	determined
Ann	21	EP	not stated	M req'd asst	reluctant
Arnold	20	various Ts;EP;counsellors	not stated	pressure	not clear
Betty	49	Ds' EP (then went herself)	2 Ds	Not stated	wanting to improve self
Bruce	24	EP	B? S? Cousin?	Not stated	det. to leave home
Charles	44	LST; rdg on word blindness	not stated	M typed his work	Not clear
Charlotte	21	LSU staff; LST	not stated	ETH	keen; ignorant of dyslexia.
Chuck	34	E.Ps (probably); own reading	3 siblings	Took him to EP	ignorant of demands
Eliza	22	EPs, SNT, parents	no	all along	didn't expect to go
Enid	20	Parents; University psychologist	F; GM	M (= T)	"natural thing to do"
Fenella	44	SNT at College; LS unit	not stated	M read to her	kepg up w frnds;nervous
Gary	20	class T; LSTs	not stated	M= emot. support	always determined
Geraldine	53	own research ; self-analysis; EP	not stated	no	not stated
Harry	27	Other student; EP	not stated	non-specif	career interest
Jemima	20	SNT; EP	M (probably)	ETH, spec sch	confident
Jeremy	19	GF; psychologist	not stated	M non-specif	Ambitious for career
Lance	24	LST	not stated	M; M+F=LS	determined
Lisa	50	Hampshire, mags, D's EP	B, D	Not stated	"learning bug"
Mel	32	Reader's Digest; EP	nieces	M did reading	confident
Patrick	25	EP; other students	not stated	private T 6 yrs	not confident, so HND
Peggy	38	EP	not stated	no	very anxious
Phoebe	21	3 EPs; M	M	left at bdg sch	confident
Rachel	20	EP	F	M non-specif.	'Out' at interview
Robert	31	Access T; EP	not stated	financially	determined
Ron	41	Access T; EP; own research	B	F = help w h'wk	Desire to be a nurse
Sally	19	EP, M	B	M 'all the way'	always going to go
Stephen	22	D.I.T; M+F read books	not stated	M+F a lot	engineering like F
Susan	45	LSU staff; EP	M = illiterate; 2 Ds	F = reading	very tentative, but keen
Victoria	50	D.I. teacher; EP	not stated	no	Keen, but anxious
Will	18	M's reading; other dyslexic boy	not stated	M req'd asst; ETH	not stated

Key

DI : Dyslexia Institute
 EP : Educational Psychologist
 SNT : special needs teacher
 M : mother
 LS : learning support
 F : father
 B : brother
 det: determined

LSU : Learning Support Unit
 T : teacher
 GF : girlfriend
 sch : school
 ass't : dyslexia assessment
 ETH : extra teaching hours
 rdg : reading

D : daughter
 neg: negative
 +ive: positive
 req'd: requested
 kepg: keeping
 w: with
 frnds: friends

Several informants (Phoebe, Patrick, Charlotte, Jemima) remembered being told by teachers that they would never achieve anything academically. Charlotte's response to this was typical; one teacher had said she would not achieve good A Level grades:

When I did get the grades for university, I actually called back to say to her 'I've got them and I'm going. See ya'.

Patrick's teacher had told his parents that he was not intelligent:

In some ways I've got (laughs) him to thank for - in one respect that spurred me on to come here, to get where I have done.

Alice had been advised by an employer that an HNC would be too hard for her:

She just said to me, 'I don't think you'd be able to cope with it, don't do it'. So I did it, of course.

Several other informants (such as Bruce and Robert) also recalled reacting against people's limited expectations of them. Bruce thought '*sod them; the way I'm going to beat you bastards is by doing better*'. Robert was advised not to study Law, because of the amount of reading required; his reaction was '*sod it, yeah, I'll do it!*' Robert (aged 31) was one of six informants who had followed Access courses, a step which takes some determination for any mature student. (He described spending a whole weekend writing and re-writing a 1500-word social psychology essay, staying up until 1 a.m. on the Monday and finding the process '*horrendous*'.) Before his Access course, Ron (aged 41) had attended evening classes and a City & Guilds 730 course, suffering headaches throughout because his Meares-Irlen syndrome had not been diagnosed, but he was determined to become a nurse. (Visual disturbances when reading, grouped under the heading of Meares-Irlen syndrome, are described in Appendix XVII.)

Another Access student, Fenella (aged 44), had been motivated by her feeling that her friends had degrees and that she had 'missed out' on education. Unlike other informants, however, Fenella had not heard of dyslexia:

I'd been keeping to myself for a very long time, thinking that I was abnormal, that there was something drastically not right, but not knowing what it was.

Susan (aged 45) had not heard of it either. At her junior school she had fantasised about being a writer, but her lack of academic self-esteem had begun

at secondary modern school where (she believed) girls were prepared for marriage, a state she entered at 19. Susan's path to University began with a book-keeping class after her children were born; this was the first of a succession of classes in which she increasingly enjoyed writing and was encouraged by others to progress further. Her eyes filled with tears as she told me about passing GCSE English Language at the age of 38, but she expected to be turned down for her Access course even after passing several more GCSEs.

Of the younger informants (Table 9.3 shows that 19 were 25 or under), Gary's relationships with teachers seem to have been much more positive than those described above, but he burned with desire to go to University from an early age, to such an extent that he continued to attend A Level classes even though he had to force himself to enter the school building. (Human motivation is never a simple matter; Gary was homosexual, and seems to have regarded University as a place where he could 'come out'. He had been identified as dyslexic so early in his life that he took it for granted.)

The admissions process raised a number of emotional and identity issues. For informants such as those referred to above, determination to apply was motivated by being told that they should not try or would not succeed. Others were conscious of prejudice of a different kind: those on Access courses (such as Peggy) who decided not to mention dyslexia at interview in case it damaged their chances of admission. In addition to these, one young woman with A Levels (Sally) was advised by her EP not to refer to dyslexia.

Admissions interviews raised two issues: for some (Charlotte, Fenella), anxiety caused them to become confused and to misunderstand questions or muddle their answers. For others (Jemima, Rachel), the issue of whether or not to mention dyslexia was affected by the interview style, in that a group interview was felt to be more intimidating.

There was a very small group of informants whose experience was quite the reverse of the above. My Canadian informant (Eliza) had been told by her teachers not to expect high enough grades for HE admission, but had become keen to go when she discovered that her grades were good; she had also been

advised that a British University would be good because *'Britain is into dyslexia'*. Two informants who were studying occupational therapy (Jemima, Rachel) were uncertain as to whether they could manage the course, but had said so at interview and been reassured that the University (Burtonforth) accommodated dyslexic students: *'We can find new ways of you doing things, if you come here'*. Some of the experiences and responses set out in this and the foregoing sections contributed to:

9.9 Positive self-regard

Riddick et al. (1997) describe some of their research participants as seeing themselves as different, in that they think in different ways from many other people. Although some of the present informants characterised non-dyslexic people as 'normal', more of them defined themselves as 'different' in some way, and this often included a positive gloss on the term. Geraldine acknowledged that she had had to come to terms with her 'difference':

I've had hassle, mid-twenties onwards, because I think so differently and I've gradually appreciated that I do think differently and that I need in fact to respect that if I'm going to actually understand something.

She added that she was *'a good patterner'* who could *'understand by operations'* as opposed to abstract thought.

Others differentiated between their inability to remember and manipulate facts, particularly codes such as dates and document references, and their success with global concepts and logistical planning. In some cases (Eliza, Adrian, Stephen), this kind of train of thought supported Riddick et al.'s finding (1997:165) that their respondents were *'able to value at least some of their own abilities at school'* when they looked back on it.

As section 4.9 above showed, contrast with others can be more important for identity than 'sameness' (Hall and du Gay 1996; Craib 1998). The nine informants who see dyslexia as a medical matter (see Chapter 11) and the twelve who see it mainly as an academic matter certainly focus on difference, whereas the eight who see it as a particular cognitive style concentrate on group solidarity

based on 'sameness'. It seems that although most students who have been labelled dyslexic have been treated as 'different', some have embraced this and others have resented it. The informant who says 'I have a disability, and I am entitled to special arrangements if the playing field is to be level' is very different from the informant who seems to be saying 'I have a defect and may scrape through my course if I am lucky'.

9.10 Summary of findings part two

This Chapter has presented further findings, focusing on the third stage of the pathway model set out in Chapter 8. While many students arrive at University with doubts and fears as to their ability to manage its demands (Raaheim et al. 1991; Peelo 1994), the thread running through the data generated with this cohort of informants is that they are different. They may have a variety of ways of construing this difference (broadly speaking, they either see it as a defect or a distinctive feature, of which more below), and 57% of them have not been formally identified as dyslexic before admission, but their educational experiences have in common the outcome that they feel 'other'.

The next Chapter examines the fourth stage of the model set out in Figure 8.1: experience of HE.

Chapter 10 : Findings part three: Experience of Higher Education

10.0 Introduction

Chapters 8 and 9 introduced a pathway model from the definition of dyslexia to experience of HE, and explored this as far as the third stage, 'socio-emotional effects'. This Chapter will cover findings concerning informants' experiences at University.

For those informants who had not been identified as dyslexic before admission, the major event in self-concept terms was the experience of formal assessment for dyslexia (discussed in sections 8.3.2 and 8.3.3 above). Apart from this, some broad socio-emotional themes can be isolated; this Chapter goes on to consider the cognitive, affective and social aspects of learning and teaching in HE which were revealed by the data. Appendix XV gives brief extracts from the raw data which include these themes.

10.1 Socio-emotional aspects of University life

When talking about their schooldays, a prime example of the feeling of being different set out in the previous Chapter is that many informants (for example Alison, Bruce, Charlotte) referred to the frustration of feeling that there was a discrepancy between their intellectual ability and their academic attainments. (This dominant aspect of many authorities' definition of dyslexia is explored in Chapter 2.) This feeling continued at University, particularly the theme of others' unawareness of the hours of work informants had to put in, in order to comprehend books or write essays (Enid, Victoria, Stephen). Even those who were determined not to feel stigmatised (such as Patrick) complained of this.

Informants were interviewed at their Universities about a topic labelled 'learning life history'. It is not therefore surprising that much of what they said referred to cognitive aspects, or that in affective terms, academic self-esteem was prominent. Social self-esteem did however feature in most interviews as well, and was indeed stressed strongly in several (Charlotte, Mel, Bruce, Stephen, Rachel);

perception of difficulties was linked to what informants saw as part of dyslexia, and underlined informants' self-concept as 'different'.

One of these areas was memory. Alison said:

*When they say 'short-term memory is a problem', boy do I know it!
(...) I forget things like the moment they're said to me.*

Two other female informants (Mel, Ann) linked this issue to the need for their boyfriends to be patient and understanding; Phoebe, on the other hand, made it clear when asked about 'coming out' to prospective boyfriends that she was unconcerned, because she saw dyslexia only in academic terms. (See Box 10.1 below for an extended quotation from Ann about working memory.)

Rachel was also concerned about her memory socially:

So people just look at you and, you know, if they don't know you very well (one) they take you as being stupid anyway, because you don't seem to be able to have a normal conversation and (two) you can never remember to do anything, you can't remember what happened on Saturday night.

The word 'stupid' was used with some vehemence by Canadian Eliza, who was studying hotel management. She had been on work experience in a restaurant, and had found great difficulty in remembering what customers had ordered, and in giving change at the bar. She described this as

little things that you can't do that people can't understand why you can't do them and put it down to stupidity, and you've gotta prove that it isn't.

Her problems in the restaurant she defined as '*like a stupid person, stupid stupid stupid*'. She had recently muddled the digits in a telephone number, and blamed dyslexia for it: '*so dyslexia has got back into my life*'. This is an example of an ontological security issue (Giddens 1991 – see section 4.8 above), involving acceptance by others as competent, and often closely linked with a feeling of shame.

Will said that he lacked confidence in his spoken language ability, and sought to avoid shame by choosing the company of international students because '*they're*

learning the language'. Bruce ostensibly felt quite different; he described himself as 'a cheery chappy kind of prat' who charmed girls with his humour. But like Alison, he was worried about his memory; he sent me an email after his interview:

The slight dyslexia I seem to have may well have harmed my chances with girls a teenager as I pretty useless at memorising telephone nos. and so I had to find someone pretty keen if they were going to go a get a paper and pencil for me! (unedited)

Stephen's reaction was to withdraw socially. He described himself as 'quite a big loner', adding: 'maybe partly due to the dyslexia, you feel a bit different, so you keep to yourself'. Gary on the other hand was quite open about himself with friends, laughing as he spoke of a flat-mate leaving him a telephone message with deliberately bizarre spelling.

A very clear example of an informant who saw dyslexia as medical was Chuck, who saw a parallel between the 'Does he take sugar?' approach to disabled people and the way he had been treated as dyslexic:

You tend to suffer from the problem that all disabled people have, this want to be treated as normal, like a normal person. (...) You get accepted as normal and then they find that you have dyslexia and then their mouth drops and their attitude changes completely, and you get, you get the endearing patronisation.

These examples show that informants with differing views of dyslexia coped socially in contrasting ways.

In terms of seeking help for serious emotional difficulties, only three informants (Patrick, Alice and Charles) told me that they had seen counsellors at University; they each had different views of dyslexia. Patrick had suffered what he described as 'bad lows' during his first degree, before he was identified as dyslexic in his third year and had this taken into account in academic assessment. Although he was involved in student support groups while working for his MSc, he had 'never been to counselling so many times'. Alice had focused her self-esteem on achieving qualifications, and had driven herself so hard that she had what she

described as '*a total breakdown*' followed by a month in hospital. Counselling sessions had led her to the belief that '*a lot of the root of the problem is me and the way I focus on life*'. Alice (who saw dyslexia as a purely academic matter) was convinced that she must obtain qualifications at the highest level she possibly could, in order to prove that she was intelligent. (This is what McLoughlin et al. (1994) describe as an irrational belief, referred to in section 3.16 above.) The third informant who had attended counselling was Charles, who took a medical view of dyslexia and had suffered from severe examination phobia.

Patrick commented that he had almost become '*really really depressed*' during his placement year. Work experience seems to have caused a number of informants emotional problems, often connected with written reports. Patrick spoke at angry length in his interview about what he had believed to be a long and thorough report on his placement project, which had been marked down because of grammar and spelling. Jemima had not mentioned being dyslexic on her first occupational therapy placement; she described the supervisor as '*frustrated*' by her spelling until she was '*embarrassed*' to learn that Jemima was dyslexic. On her second placement, Jemima had spoken at once about dyslexia; she had however remained quiet in the staff common room, because '*I tend to rabbit a bit and then get my words all mixed up*'.

The industrial placement issue for Jeremy concerned references from his tutor. Studying applied biochemistry, Jeremy needed to work in the chemical industry, and his tutor said he was '*obliged*' to refer to his dyslexia in references: '*He didn't ask my permission; he said "I'm telling everyone that you're dyslexic."*' Jeremy believed that some companies would not understand the word dyslexic and assume that he could neither read nor write: '*I'm not going to put myself down if I don't have to*'. He took to explaining dyslexia in his applications and minimising its effects; it took him many attempts before he obtained a placement.

Those informants who spoke about their future employment prospects were sometimes worried about memory and literacy aspects. As Phoebe put it:

In certain areas of work it might be a problem; like say if somebody comes in, and like tells me their name, and what they want or something, I'm likely to forget that.

She nevertheless did not expect to mention dyslexia in what she called a professional situation, unless it became 'embarrassing'. Susan (twice Phoebe's age) felt the same:

I do worry if I got to the field of work and had to, you know, write fairly rapidly things...Then I think it would all disintegrate, that's what worries me.

Victoria was angry about dyslexia:

I just regard it as a damned nuisance that's impinged on my life. I'm afraid that's how I look at it. I feel angry about it, I have to tell you, I do feel angry about it. It's stopped me doing things I could be really good at. In fact it really blocked my life.

She would have liked to be a broadcast journalist or a barrister, but felt handicapped by her inability to remember conversations and to order her ideas, both orally and on paper. Victoria and Alice both used the word 'clever' to describe the sort of ability which they felt they lacked.

Eliza was aware of the difficulty of explaining dyslexia: '*Every trait that a dyslexic person has, somebody else has as well, which is why it's so difficult to describe and understand*'.

Informants' experiences of being assessed for dyslexia varied considerably, but they all shared two factors: they were identified as both 'different' and as having a problem. Furthermore, the expert figure carrying out this assessment had the power to influence their lives for many years to come, not only as regards their view of themselves and the nature of dyslexia but also in terms of the effect of his/her report on their educational experience. In some who were assessed at school (Liam, Alison, Eliza, Stephen), the assessment process, while identifying them as having a problem, resulted in improved self-esteem because their needs had been recognised (Miles 1983) (and in some cases, as stated previously, accusations of laziness ceased).

Poor self-esteem was often evident in informants' behaviour during the interview. Some would laugh as they spoke about unpleasant experiences; others made self-deprecatory comments, such as '*sounds messy*', '*rather stupid*' and even

'*what a prat*'. On the other hand, some informants were confident enough to express their anger about the way they had been treated, both at school and at University.

To sum up the socio-emotional effects of identity as dyslexic, these may be divided into two broad categories: those stemming from an internal locus of evaluation (Mearns 1994) and those stemming from an external locus. Informants with an external locus tended to perceive themselves as defective, and hence second-class citizens in the world of education. Those whose locus of evaluation was internal focused more on the need as they saw it for educational institutions to change their ways in order to accommodate dyslexic people. Both groups included those who saw themselves as unjustly treated or misunderstood; at University, the latter point tended to be focused on academic assessment, which brings us to the next section of this Chapter.

10.2 Learning and teaching issues at University

Learning support in HE has been described as a lottery (Sanderson and Pillai 2001). It was clear that arrangements for and response to dyslexic students varied widely between the Universities attended by informants. But, as is also becoming clear above, informants themselves approached HE with a range of definitions of dyslexia (or *continued their studies having been supplied with a range of definitions after admission*). They also exhibited a variety of traits in their self-concepts; all students approach University with a range of personality traits. In other words, informants' experiences at University are not to be attributed entirely to the fact of being identified as dyslexic. In order to structure findings about informants' academic life in HE, they will be grouped under cognitive, affective and social headings (Peelo 2000a; Peelo 2000b), since these aspects are abounding in the data (as the previous two Chapters have shown).

10.2.1 Cognitive aspects

An informant's approach to University life depended in part on his or her previous experience of coping with academic study. Those who had been identified as dyslexic during compulsory education and had received learning support (Gary,

Jemima, Phoebe, Sally) were more likely to adopt a confident approach to their University courses than those who had not. In some cases (such as Gary), this meant a determination not to become involved in any repetition of the worksheet approach of much school-based 'remedial' work; awareness of the ways in which they could study successfully showed a useful degree of metacognition (Hunter-Carsch 2001).

I will present findings relating to the cognitive aspects of study in two parts: firstly informants' own strategies, and secondly their comments on their Universities' teaching and learning approaches.

10.2.1.1 Informants' own strategies

Informants spoke of a greater number of strategies which were successful than they did of unsuccessful ones. Ann and Robert both felt that tape recording lectures did not work for them, because they never got round to playing back their piles of cassettes, but Aarti was adamant that a tape recording was essential because she could not listen and write notes at the same time. Arnold had enjoyed studying literature by listening to books on tape, and therefore listened to his recordings of lectures without writing notes; Chuck made sketchy notes in lectures, but made sure to include the counter numbers from the tape recorder, in order to return later and expand the notes. (Ann's equivalent of this was to put an asterisk in her notes, reminding her to use her tape recording to check a particular point.)

Another type of information and communication technology (ICT) which also drew mixed reports was the computer (PC). Robert was the only informant to mention using voice-activated word-processing, which he found very valuable because he preferred to communicate orally. Others were nervous of cutting and pasting, because the text disappeared (Betty, Victoria); these two and some others were aware that having typed a piece of work, its very neatness on the screen made it look perfect and therefore hard to edit. However, those who had previously learned to type (Alice, Phoebe) found that this made using a PC for word processing easier.

There was clearly still a role for pen, pencil and paper. Geraldine used a propelling rubber as well as a propelling pencil, and wrote on alternate lines so that she could add revisions easily; *Will used pens of many colours for revision; Lance made essay-plan diagrams by hand and typed his work from those; Enid wrote all her essays out four times before typing them; Harry found that copying notes out neatly helped his memory, and Jeremy wrote material out many times as a revision technique.*

Three further aspects of study emerged: self-knowledge, human support and visual approaches. Charles knew precisely which times of day were best for him to study: 8 a.m. to midday and 7 p.m. to 10 p.m. (followed by the pub). Enid did not study in the evening at all, because she knew issues such as reversing letters were worse for her when she was tired. Victoria had learned that she tended to collect too many sources for an essay. Geraldine used to study in the library, because in her room she would be tempted to play music and make cups of coffee.

Self-knowledge was also related to the awareness that visual approaches worked: Rachel liked to picture a book *'like a film'* as she was reading it, and relate theory to real people whom she could imagine. Several informants (Alice, Rachel, Geraldine) used concept maps for noting or essay planning. Rachel used a large wall planner to help her time management. Such techniques are related to the holistic thought also exhibited by informants: Geraldine placed a copy of any diagram included in a book alongside the text as she read, Will revised by memorising diagrams, and Rachel learned anatomy by dismantling three-dimensional models with a friend and discussing them.

This leads to human support. Harry was happy to ask his house-mates to check his English; Ann borrowed lecture notes from friends; Stèphen and Robert asked the librarian to find them books, because they found the catalogue hard to follow; Geraldine found a tutor and married him.

Although the DSA includes an element for 'non-medical help' which is deemed to cover regular individual learning support for dyslexic students, only six informants (Charlotte, Chuck, Aaron, Peggy, Susan and Charles) were receiving

this. They were all at Belleville and Spenceton Universities. Of the remaining two informants who were enrolled at Belleville and Spenceton, Adrian had not requested individual support, and Fenella had been referred to a counsellor who offered 'study skills' but had found the experience unsatisfactory (see section 10.2.3).

Axbridge offered group sessions for dyslexic students, which Victoria, Alice, Eliza, Mel and Alison had all attended. At the time when the interviews took place, Burtonforth had just found its first part time sessional tutor, but no one had yet been referred to him.

10.2.1.2 Universities' learning and teaching approaches

Self-awareness sometimes led informants to long for recognition, or acknowledgement, of dyslexia by the academy. Lance put it like this:

I know I've got a good grasp of the subject, and I know people who've got less grasp are getting higher percentages for their essays and marks. I know exams don't do me justice. I know basically I'm better at speaking, and they don't assess that way.

39% of informants (Ann, Betty, Harry, Jeremy, Aaron, Rachel, Charles, Robert, Lisa, Victoria, Stephen, Mel, Lance) complained about their Universities' styles of learning and teaching; yet all except four (Mel, Lance, Aarti and Patrick, of whom more in Chapter 11) seemed to accept the academy's model of academic procedure as a given (Street and Street 1991), something to which they must aspire.

In common with many students, informants disliked examinations. However, they had specific problems with them, which they were able to describe:

- Running out of time, because of the need to (a) read the questions repeatedly, (b) plan answers slowly, often with a 'concept map' and (c) write slowly, because of the difficulty of focusing on content and spelling at the same time

- Suffering from pain in the writing hand, because of either (a) no longer using a pen normally, but a computer or (b) 'dysgraphia' (a term used by some EPs to denote severe handwriting difficulty)
- Believing that non-dyslexic students receive an unfair advantage because examination technique comes easily to them
- Awareness that their coursework marks were higher than their examination marks
- Finding that their spelling and/or grammar ability declined under pressure
- Exam phobia or severe panic.

On the other hand, some appreciated being in a separate room (the arrangement for those who are having extra time), and some found the extra time valuable (except for Enid, who said re-reading caused her to long to re-write whole answers). Harry said that the extra time gave him the confidence to read the question paper calmly, instead of panicking; for Bruce, this confidence meant drawing concept maps and checking his grammar.

The issue of extra time for dyslexic students in examinations raised a number of contradictory issues for informants. Jeremy thought that the examiner would know that he had received extra time, and would not therefore penalise him for spelling and grammar (whereas blind marking means that scripts are not identified). Robert's EP's report had recommended both extra time and non-penalisation for language; granted only the former, Robert had complained, only to be informed that the EP's report had no status beyond that of a recommendation. Jeremy's comments about examinations were somewhat contradictory, in that he did not want to be penalised for language, but at the same time felt that dyslexia should not be an excuse, and that having a viva instead of a written paper was '*a cop-out*'. Such tensions are made clear in the report of the NWP (Singleton ed. 1999) and have not been entirely resolved to this day (see Chapter 12).

Special examination arrangements raise two further issues: severity of dyslexia and IQ/attainment discrepancy. The DI (Turner 1997) holds that there are four levels of severity of dyslexia, and that examination arrangements such as extra time should match these. Will's comment that his University asked for his EP's

report because '*they wanted to know how dyslexic I was*' fits this model. (Yet the variety of percentages of extra time reported by informants presages the inconsistencies identified by Sanderson and Pillai (2001).)

Geraldine stated the justification for extra time which was to be given in the report of the NWP (Singleton ed.1999), namely that:

there is no justification for exam arrangements and extra time, if dyslexic people haven't got gifts that are being masked by the dyslexia.

This assumes an IQ/attainment discrepancy model (see section 2.1 above).

The metacognitive awareness showed by some informants (such as Stephen) extended to the lecturing style of their tutors, in that a diagrammatic, graphic-rich style was preferred, particularly when it formed part of a course whose structure was made very plain. Others (Rachel, Jemima, Ann) expressed a preference for three-dimensional, practical work as opposed to two-dimensional drawings and long sequences of lectures.

The speed of information presentation was a problem for several informants (Chuck, Rachel, Victoria), who spoke of this in terms of rapid copying from boards and screens and the hasty removal of overhead transparencies. Victoria and Rachel both used the expression '*too rushed*' to describe their courses as a whole.

There was however no clear preference expressed for oral assessment. Phoebe and Aarti were clear about their preference for written examinations rather than vivas (which are sometimes offered to dyslexic students), believing that their speed of information processing was put under greater strain orally than by the task of writing an essay, however rapidly. (Lance, who enjoyed making political speeches without notes, took the opposite view.) As stated above, Jeremy thought oral assessment would be too easy. There were also mixed opinions expressed about discussions, with some enjoying them and others feeling threatened: Sally liked group discussion because she could contribute without the focus being on her at length, but Betty found the background noise when in 'buzz groups' distracting and felt unable to sort out her ideas quickly enough.

Not all informants had purely negative things to say about the learning and teaching approach of their courses. Rachel said that students received a helpful response when they asked lecturers for copies of notes if they failed to write everything down; Charlotte noted that all students were given handouts of OHTs, not only those who were dyslexic; Jemima was happy that her department included a tutor who updated students about the ways PCs could help them, another who showed them concept mapping and a third who offered them informal counselling support. In terms of examination arrangements, Gary appreciated the way his University automatically sent him details of his extra time without his having to request it every year. Chuck and his year group had been asked for detailed feedback on the teaching style of the course; he also felt that tutors enjoyed being asked for further explanation or repetition, as it implied engagement on his part. On the other hand, Chuck (along with Phoebe and Lance) believed that his tutors were ignorant of the nature of dyslexia, and of which students were dyslexic.

The thread running through the cognitive aspects of informants' experiences of learning and teaching was that they saw themselves as having different brains. For the majority (21), this difference amounted to a defect, but for the remaining 12 it was broadly seen as a kind of brain which was as good as anyone else's. The word 'broadly' applies because many of these informants tended to waver between confidence in this point of view to comments which put them in the 'defect' group. For example, Eliza said at one point that however intelligent she was, she was *'never going to be as good as the other students'*, and also said that dyslexic people do things in different ways, but *'you'll get there in the end'*.

10.2.2 Affective aspects

Robert laughed about the way fellow students used the term 'incontinence room' for the separate examination room used by those who were being given extra time. Such laughter may be an example of what Transactional Analysis (Stewart and Joines 1987) would call 'discounting', attempting to minimise the emotional effect of what is in fact a painful memory. (Similarly, Enid laughed frequently throughout her interview, usually when talking about something which had not

gone well.) Emotional comments by others relating to teaching and learning included the following:

When you are constantly failing (...) you always take a knock, and cumulatively it can be quite disastrous (Chuck)

I get near to tears sometimes when I can't remember things (Peggy)

I'm proud of myself, I think, and I do think I should be here now (Rachel)

It dragged me to tears at times; a grown man, you know, going down, but it did – it dragged me very, very low (Charles)

Ann was a responsive informant, but her interventions were not usually more than about 125 words. However, in terms of her working memory she described herself as feeling '*particularly useless and thick*', and spoke at greater length. Box 10.1 shows what she said:

Box 10.1 : Ann on working memory

I forget everything the entire time. Erm, like yesterday I was supposed to meet someone and forgot, totally and utterly and it was so vital to me and it's just very annoying that you forget even the most absolutely crucial things and then, of course, you forget everything that's mundane and you just feel very thick and you can't speak properly, I mean, I haven't had to use any complicated, technical words so, but even little words I forget most of the time. You're sitting there and you're trying to think of the word that you want to say, um, I mean, descriptive I suppose, you know, when you are just talking about yourself it's quite easy, when you're talking about something you've remembered or you saw on TV, you're just hopeless at it, absolutely hopeless. So people just look at you and, you know, if they don't know you very well, (one) they take you as being stupid anyway, because you don't seem to be able to have a normal conversation and (two) you can never remember to do anything, you can't remember what happened on Saturday night, you don't remember anybody's names which straight away makes people feel like you don't want to know them at all, you know, if you can't remember their name you obviously, you know, don't think much of them whatsoever. So, I think the greatest thing outside and within the thing is forgetting absolutely everything, all the time.

Embarrassment was mentioned by several informants in contexts other than those already stated. For example, Robert had written £28 on a cheque instead of £82, and had been suspected of deliberate fraud; Charlotte was embarrassed when friends corrected her pronunciation of 'Greenwich'. Section 10.2.3 below covers the social aspects of University life.

Because he trusted me as his learning support tutor, Chuck did not correct the spelling in his emails (as seen in Box 6.1 above). Box 10.2 shows a further

example, the first one he sent me, included here to demonstrate that embarrassment can be avoided when there is an underlying trust:

Box 10.2 : Another email from Chuck

Subject: Greetings

Hi david, I hope all is well. As you can see Iv got my self cornated to the neat. Im still filling my way aroung and Iv managed to E male my brother in Calaforner. I whent to see J---, and she is tring to sort out the LEA. Im in the 3rd week at uony and im rely injouing it. it seem to esere this year (I hope I haven't spck too soon) I think the work we ded is paying difedens. Ill tork to you soon, all the best
Chuck

Chuck seemed to have every difficulty listed in the taxonomy of indicators of dyslexia (Miles 1994), and it sometimes seemed remarkable that he was managing to study at all, given the nature of his course (engineering). It therefore did not surprise me when he described himself as '*constantly failing*'.

The scene depicted by Mel in section 4.16 above, where the experience of failing to keep up with a lecture had caused her to leave the room, is an example of a fundamentally cognitive issue (following the ideas and making notes) leading directly to powerful affective outcomes (panic and emotional distress). In the affective context of lectures, it takes a degree of self-confidence to sit at the front of a lecture theatre or seminar room and take out a tape recorder or minidisk machine, and the same applies to asking for copies of overhead transparencies.

For those informants who were identified as dyslexic after admission to HE, the experience of assessment was without exception a highly significant moment in affective terms. Peggy became quite tearful as she reflected on the different life she might have had, if she had been assessed as dyslexic much earlier.

Reference has already been made to Fenella's reaction to the term 'specific learning difficulties'; when the EP confirmed that she was dyslexic, Fenella found the report '*really shocking*'. She recalled three emotional responses: relief that she had not been pronounced unintelligent, gladness that her difficulties had been recognised and dismay that she had low reading and spelling ages.

If informants' statements about the cognitive aspects of University life are united by the theme of having a 'different brain', their affective statements are outcomes of that theme: 'I have a different brain, and I feel stupid/am upset by my failures/am frustrated'.

10.2.3 Social aspects

There are two broad aspects to the social issues in HE: the inter-personal side (which may involve peers or tutors) and the institutional side (between informants and their tutors, as representatives of the academy (Becher 1989; Peelo 1994). In section 5.9 above, I listed four facets (for a dyslexic person) of identity as a student, based on Ivanic (1998):

- Autobiographical self: the identity people bring with them to the act of being a student, shaped by their earlier social experiences
- Self as a student: the level of confidence with which individuals see themselves as readers, thinkers, note-takers, writers, contributors to seminars and similar activities
- Possibilities for self-hood: social, cultural and institutional options; issues of power, values and beliefs
- Discoursal self: the discourse of dyslexia with which they identify.

I will set out findings concerning the social aspects of University life for informants in terms of the first three of these facets; the fourth will be covered in Chapter 11.

Charlotte was identified as dyslexic after admission, and her autobiographical self included awareness that dyslexic people could be the subject of humour: '*I made sure they all told me the dyslexia jokes before anyone told me they didn't know I was dyslexic so I could answer them, and nearly always got it wrong, I hasten to add*'. Stephen took the opposite approach: '*I think I'm really quite a big loner. I don't know if it's partly the dyslexia; I just avoid embarrassments if possible*'.

Lance's approach was different again; he threw himself into student union politics. His comment that this involved '*giving hell to lecturers*' prompted the impression that he might have been displacing his anger about dyslexia.

Gary had been identified as dyslexic earlier in his life than any other informant. His expectations of University life had been as much social as academic, and he seemed so happy (*'I've probably got more friends here than I've ever had in my life, now'*) that having his poor spelling satirised by friends sounded positively enjoyable. In contrast, Enid had discovered that some of her peers found spelling harder than she did, and asked her for help.

Mel was aware that at times, friends failed to understand what she said, because of her tendency to *'launch into the middle of it'* instead of starting her story from the beginning. She described her boyfriend as having *'put up with her'* for ten years; conversation could sometimes be difficult, when for example he said something and *'I can sort of feel the noise went past my ears, but nothing latched anywhere'*.

In terms of *'self as a student'*, perhaps the first social aspect of HE life which informants encountered from the institutional point of view was the admission process. (Informants' determination to go to University was discussed in section 9.6 above.) Sally was advised by her EP not to indicate dyslexia in her application form for admission to HE, but to mention it after admission. She was the only informant to receive such advice, reference to dyslexia being presented as liable to *'hinder your chances of getting in'*.

Lance wanted to use HE as a *'new start'*, and was also keen to avoid using dyslexia as any form of excuse (such as for poor A Level grades), so he made his own decision not to mention it on the application form. Aaron on the other hand (in the USA) had low SAT scores and applied to various Universities as a *'learning disabled'* student. They all rejected him except one, which had what he described as *'the best support'* for dyslexic students. Unlike Lance, Gary was quite happy to explain that his A Level grades were low because of dyslexia, and he believed that this was the reason why the points criterion had been relaxed in his case.

Several informants (Phoebe, Jeremy, Victoria) wanted tutors both to be aware of dyslexia in general and to know that they themselves were dyslexic. Phoebe and Charlotte were aware that their personal tutors were charged with informing other lecturers, but felt that they were nevertheless unaware.

Unhelpful teaching styles informants mentioned included speaking rapidly in lectures, using hand-written OHTs, refusal to explain points (but referring students to sections of books), OHTs in small point size and courses planned as '*hours of lectures one after the other*'. Rachel said that she fell asleep during series of OHTs in small print; Victoria would '*give up*', but was aware that she was '*the loser*' when she did this, having to then write her assignment entirely '*out of books*'.

On the other hand, positive experiences of teaching and learning were also reported. Two informants (Charlotte, Ann) mentioned lecturers who, though they spoke rapidly, gave them complete copies of their lecture notes. Enid and Aarti were offered extensions on assignment deadlines, and were not penalised for inaccurate English, after their EPs' reports were received. Rachel's course tutors introduced all students to concept mapping (Buzan and Buzan 1995), and held sessions for dyslexic students on the use of computers. This course (Occupational Therapy) also used role playing and deliberate linking of theory to real people as teaching techniques.

Jeremy noticed that those he referred to as '*younger lecturers*' asked him for information about dyslexia, and one of Lisa's tutors had asked her for feedback on his teaching style. Two other informants (Ann, Charlotte) had been helped by dyslexia-aware administrative officers; in Charlotte's case, the officer had been the first person to suggest that she be assessed.

Charlotte felt that part of the reason why she had '*excellent rapport*' with lecturers was connected with her '*outgoing*' and '*friendly*' personality. Fenella, at the same University, had hesitated to telephone her tutor for help, although invited to do so '*at any time*', because she believed her to be overwhelmed with work. Inter-personal factors of this kind may have been more likely to arise at a small, campus University (Spenceton) than in the relatively impersonal environment of a heavily subscribed course at Burtonforth (the University attended by Jeremy, Lance and Patrick). Lance felt that he was '*penalised for not writing linear stuff*'. Patrick was highly sensitive about the relationship between the amount of effort he put in and the marks he was given. He was also aware of

the requirement to adopt the prescribed model of academic writing (*'I learned the lessons, so I thought "let's get this jargon out"'*).

Personality factors can of course be independent of dyslexia. While Sally liked group discussion because she saw it as *'relaxed'* and not focused on herself, Betty said that she would *'freeze up'* in such situations, preferring to study alone. However, Betty added that part of the problem for her was that there were *'so many other people talking'*; some authors believe that being disturbed by background noise, particularly when it consists of speech, is part of dyslexia (Klein, C 1993; Miles 1993).

Speed of information processing is similarly said to be an issue for dyslexic people (Nicolson and Fawcett 1990), as stated above. Ann had struggled with an anatomy class, where a bell was rung at intervals to signal students to move between exhibits; Phoebe preferred essays to oral examination, because they allowed her more time to think.

There seem to be two aspects to being *'different'* in respect of learning and teaching: *'am I so different?'* and *'am I being treated differently?'* Chuck had clearly been self-conscious enough to notice that he was not the slowest to finish copying and note-taking (which had been his experience at school). But many others (Victoria, Alison, Alice, Stephen) commented on the relative ease with which they perceived their peers reading, writing and revising for examinations.

'Self as a student' overlaps with *'possibilities for self-hood'* in terms of institutional power in respect of the admissions interview. Rachel had been wary of mentioning dyslexia in a group interview, but when she knew it was to be an individual interview, she took her EP's report and asked whether she *'would be able to cope'*. She also had a political motive for applying:

The thing is, the more people that go that are dyslexic the more people are going to recognise it and they're not going to think you're stupid.

Lance was also politically motivated, as we have seen, and aware of the potential conflict between his aspirations and the culture of the institution. He also believed

that his political activities did not appeal to some lecturers: '*Since I've kicked up a fuss, I'm not a favourite person*'. While Lance was the only informant who reported such activism, he was joined by several others (Jeremy, Phoebe, Bruce) in his rejection of using dyslexia as any kind of 'excuse'. Jeremy was the most vehement about this: '*I don't want special exceptions; if I've got it wrong, I've got it wrong*'. He had been reluctant to accept extra time for examinations, in a separate room. Jeremy was sensitive also to the issue of the precise nature of the 'level playing field' in academic assessment: for example, if extra time has been allowed, should leniency regarding spelling and grammar be offered as well? (Singleton ed. 1999).

Lance and Jeremy were not the only informants to express awareness of the power of the University as an institution. Arnold remarked on the contrast between the '*nice safe world*' of High School and University life, where it was necessary to '*advocate for yourself*'. Several informants presented themselves as active self-advocates. Victoria reminded the Field Chair of her subject to take account of dyslexic students during his lectures, and also wrote to other lecturers about it. Charlotte went to see her Dean to explain her EP's report; Ann also went to see the Dean, who told her that the Faculty did not have '*a system for dyslexics*'.

'Possibilities for self-hood' aspects may overlap with 'autobiographical self' elements, in that part of the motivation for this self-advocacy may have been a determination not to repeat the negative experiences of school days. Several informants (Charles, Peggy, Charlotte, Harry) remarked on the way the sight of their work covered in red ink reminded them of the past; Charles was aware that this made him '*turn in on (him)self*' just as it had 25 years earlier.

There was a tension in the cohort between the desire for all students to be treated in the same way (for example, in respect of copies of OHTs) and the hope that all course tutors would be aware of their dyslexia. Similarly, informants wanted their work to be marked on the same basis as their peers (which means that all work is anonymous, including papers written with extra time) but did not feel that they should be penalised for spelling and grammar. Betty had noticed that tutors would put ticks next to points in her essays which they liked; she

wondered why structure was called for, if marking seemed to be carried out by looking for certain points to be included.

Institutional aspects of learning and teaching for dyslexic students which impinge upon their possibilities for self-hood include learning support, which may be delivered in groups or individually. 84% of informants talked about learning support in general, and 54% mentioned support groups for dyslexic students. At Burtonfirth University, students who declared dyslexia on admission were automatically entered for extra time in examinations and offered extended library loans. Axbridge students were issued with small coloured cards to attach to their written work, stating that they were dyslexic; Axbridge also offered a credit-bearing module, exclusively for those who had been formally identified. At Spenceton, dyslexic students were supported by members of staff in the Counselling and Psychotherapy unit; there was a HEFCE-funded joint learning support unit which also served Belleville University.

What was the effect of these arrangements, in terms of informants' sense of self? The administrator and the support tutor of the joint learning support unit were both dyslexic, and used routinely to mention this to the students. Charlotte had found this to be both a personal support in terms of empathy and a role model in terms of dyslexic people finding worthwhile professional employment. Chuck described such empathy as parallel with solidarity between black people, as he regarded the prejudice and ignorance often faced by people of afro-caribbean origin as similar to that faced by dyslexics.

This personal empathy was in contrast to the learning support arrangement at Spenceton. Two informants from there (Fenella and Charlotte) had been offered sessions billed as 'study skills' delivered by a counsellor, and had been taken aback to find that he wanted them to focus on their emotional issues.

At Burtonfirth, Robert knew the support librarian by name (*'she's very helpful'*) and regularly asked her to help him find materials. However Axbridge did not seem to have such a person; Victoria had been paying £20 per hour to a private learning support tutor when she could afford it, and cited help with the library as one of her reasons for booking a session. At the same University, Betty had

attended some group support sessions but expressed a preference for individual support; Eliza spoke enthusiastically about the group sessions in terms of learning about concept maps, use of colour for learning and awareness of the roles of the cerebral hemispheres, but added that she *'did use dyslexia for its concessions'*. Attending the module had led Eliza to the belief that *'when I leave academic learning, I'm not gonna leave dyslexia'* – in other words, a model of dyslexia as a lifelong mindset rather than a purely educational matter.

Victoria and Alice both expressed pride in the fact that they had *'never had anything'* in terms of learning support previously. They had both however attended the module at Axbridge for dyslexic students; several informants from other Universities (Ann, Stephen, Jeremy, Gary) were clear about their disinclination to attend a student-led support group. Reasons for this included a perception of the meetings as *'whingeing'* and *'moping'*, and consisting of empty conversations along the lines of *'oh, what subject are you doing?'* as Stephen put it.

Others (Mel, Fenella, Lance) had set up support groups themselves. Lance complained of members who came in order to obtain information about arrangements such as the DSA and never returned, and Fenella soon learned that if she did not remind people about meetings, they did not appear. Fenella's Dean had helped her by personally contacting all the Faculty students listed as dyslexic and informing them about the group, as well as organising a room for them to meet in. Initial meetings had involved a great deal of *'gushing about their feelings, all this sort of pent-up stuff'*, which Fenella felt was particularly important for mature students such as herself who had only recently been identified. Eliza was also aware of that, from the opposite perspective; having regarded herself as dyslexic for many years and come to terms with it, she wanted to tell the others: *'Cope with it, guys!'* -

While Jeremy was very clear that he regarded dyslexia as *'not a club, not a social thing'*, and Gary preferred to make friends for other reasons than dyslexia, Harry had been to a group meeting and come to the conclusion that *'mine's not too bad'*: in other words that other students were more *'severely'* dyslexic than he was.

To sum up the social aspects of learning and teaching: all my informants seemed to have 'emotional baggage' deriving from their experiences at school. Many of them were sensitive to being picked out as different, and yet in some ways they wanted this to happen. The principal example of the latter process was concerned with academic assessment.

In sections 10.2.1 to 10.2.3, I have considered the cognitive, affective and social aspects of learning and teaching in HE for my informants. The following factors unite these three aspects:

1. Personal history. A dyslexic student may have been identified as such relatively early in life, or since admission to University; s/he may have had positive experience of relationships with teachers, or have memories of sarcasm and liberal use of the red pen.
2. Academic study as a struggle.
3. The need for self-awareness, both cognitively and affectively.
4. The need for determination to deal with both the struggle to study and the intra- and inter-personal issues.
5. The power of the academy.
6. The role of the differing models of dyslexia adopted by informants (of which more below).

10.3 Informants' suggestions to their Universities

Four informants (Lance, Sally, Chuck and Aarti) called for greater staff awareness of the nature of dyslexia; Aarti included support staff such as computer technicians, who tended to expect all students rapidly to read software manuals. Charlotte, Enid and Phoebe wanted communication between lecturers, so that they were not obliged to speak to each one in turn about being dyslexic.

In terms of teaching styles, Lisa, Lance and Chuck suggested greater emphasis on the structure of lectures at the start, preferably with diagrams and flow charts. (Others such as Stephen supported this in that they praised lecturers who worked in that way.) Fenella wanted greater acceptance that for a dyslexic student,

'everything takes longer'. This was endorsed by Rachel and Victoria, who required slower delivery in lectures.

As regards technological help, Aarti suggested material such as study skills information on tape, and Chuck wanted to see the use of course material on interactive CD, because he needed frequent repetition and practice.

For academic assessment, only three informants (Peggy, Sally and Lance) called for assessed presentation or other forms of oral assessment. Lance was adamant that examinations did not *'do him justice'*, and Peggy felt that a variety of assessment methods would be equitable for all. Lance also felt that in all assessed work, marking should focus on content rather than on what he called English, and that *'non-linear'* writing should be accepted.

Aarti was the only informant to request individual dyslexia support (there was none available at Burtonforth at the time). Patrick, also at Burtonforth, was alone in proposing that all students should be screened for dyslexia on admission and that this should be followed by *'allowances'* for those identified. Lance added to this the idea that every University should publish details regarding the support available to dyslexic students. (The national picture in that respect was very different at the time from the current situation.)

Finally, although informants at Axbridge University had all attended a special module for dyslexic students delivered by a tutor who identified herself as such, only one of these (Victoria) mentioned the need for dyslexic students to have role models in the shape of mainstream lecturers who were known to be dyslexic themselves.

10.4 Summary of findings part three

This Chapter has considered informants' experience of HE. We have seen that they regarded themselves as different from other students, and as having specific problems, although they interpreted these in diverse ways. Most had comments to make about their Universities' learning and teaching approaches, and while the majority seemed to regard these as immutable, some had clear ideas about ways

in which they could be changed. These diverse responses seemed to depend on the model of dyslexia being adopted by an informant.

Reference to models of dyslexia brings me to the principal contribution of this study to the field; I will present it in the next Chapter, in which the data are classified in an innovative way (which emerges from the analysis).

Chapter 11 : Discourses of dyslexia

11.0 Introduction

The informants in the present study were constructing their identity as students (i.e. as readers, thinkers and time managers as well as writers), and their representations of reality involved the powerful influence of the concept of dyslexia, which is both culturally recognised and ideologically shaped (see Chapter 2). This Chapter identifies a major set of themes running through the data: informants' discourses of dyslexia. Like Ivanic (1998), I propose a definition of the term 'discourse' which is wider than language; for the purposes of the present study, I define a discourse of dyslexia as the values, beliefs and power relations (Gee 1990 and Chapter 3 above) associated with the concept. Having set out the discourses of dyslexia evident in the data, this Chapter goes on to examine the sources of these, their effects on informants' routes to HE and the involvement of such discourses in informants' experiences of University.

11.1 From models of dyslexia to discourses of dyslexia

In section 5.5 above, I referred to Summerfield's approach to self-representation in her study of women in the second world war (Summerfield 1998). There is a clear parallel between women's sense of themselves in the light of the cultural representations available during the war (popular discourse) and present-day students' sense of themselves as dyslexic in the light of the models of dyslexia offered to them. The descriptive typology set out in Chapters 8 to 10 above (see Figure 8.1) proposes a pathway from the definition of dyslexia to identity; common images of dyslexia are evident in the language used by my informants. The models of dyslexia which they adopt have mostly been in existence for decades – in some cases, for a century (as set out in Chapter 2 above). Just as Summerfield's informants were adopting different values, beliefs and attitudes to power relations in terms of their self-concepts as women (i.e. they were identifying with popular discourses), I intend to demonstrate that my informants were doing the same in terms of their self-concepts as dyslexic students: the models of dyslexia which they had been offered had become discourses.

Chapter 2 demonstrated that historically, the main models of dyslexia have been: The medical model (dyslexia as a biological defect); the IQ/attainment discrepancy model (dyslexia defined by scholastic achievement); the brain specialisation model (dyslexia as a group of strengths and weaknesses); and the syndrome model (dyslexia as a pattern of difficulties, usually found together).

Summerfield (1998) called her informants 'heroics' and 'stoics' according to the self-images they adopted. Where there was evidence that my informants adopted a mainly medical discourse of dyslexia, they may be called 'patients'. Such informants used language such as 'symptoms' and 'diagnosis' and regarded themselves as defective, as explored in Chapter 10. Similarly, informants who adopted the IQ/attainment discrepancy discourse could be called 'students'; such people saw dyslexia as purely concerned with academic study (see section 2.1.5 above). Any who saw dyslexia as a matter of brain specialisation could be called 'hemispherists', as the literature on this tends to focus on the roles of the two cerebral hemispheres (see section 2.3.2), and any who regarded dyslexia as a pattern of difficulties could be called 'syndromists' (see section 2.2.1).

Studying my list of interview data codes and the statements to which those codes were applied, it appeared that informants might be divided into groups which adopted these discourses by observing the extent to which their interviews were coded at the following points (see over) :

Figure 11.1 : Codes associated with four discourses

<u>Patient</u>	<u>Student</u>
Definition of dyslexia	reading
Academic self-esteem	spelling
University entrance issues	writing/composition
Dyslexia as a disability	maths
self-esteem & social life	best/worst subjects
Intelligence issue	exams and assessment style
	Intelligence issue (in relation to discrepancy)
	assessment pre-16
	learning support pre-16
	discrepancy/laziness
	ICT at school
	ICT at University
	oral ability
	school study skills
<u>Hemispherist</u>	<u>Syndromist</u>
own strengths	direction & orientation
cognitive style	visual disturbance
self-acceptance	ambidexterity
3D/visualisation	sequencing
memory strategies	speed of processing
creativity at school	receptive language
study strategies	
cognitive style	

As is the case when examining cognitive, affective and social factors, there is inevitably overlap between these groupings. For example, many informants spoke of their definition of dyslexia, either directly or indirectly. It was however noticeable that those who adopted a medical view tended to be very clear, almost dogmatic, about this; data coded under 'definition of dyslexia' was dominated by the disability model (which is partly explained by the fact that almost all informants were influenced by that model to some extent, of which more below). Similarly, most informants spoke about their study strategies at some point; data coded thus was however marked by the way some exhibited successful metacognition, rather than simply bemoaning the difficulties they experienced, and this often involved self-awareness as to diverse cognitive functions.

It is important to note that, although the names of these four discourses sound like labels, they are not intended as such. The word 'dyslexic' is already a major example of labelling; I do not mean to label informants any further, but rather to offer categories which may aid understanding. These categories have emerged from the data. The coiners of the word dyslexic were well-meaning, but as has

been demonstrated in Chapter 2, the term covers a broad spectrum of people in the present day. Grounded theory means that informants have been allowed to place themselves in these categories; I have examined what they said. As Riddick et al. (1997:164-165) point out:

(...) individual understanding of the meaning of the label can be seen to encompass a varying range of difficulties. Some see it as purely a difficulty with literacy skills, others see it as far more pervasive, affecting the organisation of many aspects of their lives.

As well as interviews with informants, an important source of discourses of dyslexia is the EPs' reports on them, as discussed in section 8.3.3 above. Table 8.3, showing the models of dyslexia evident in those reports, will be expanded below. At this point it is necessary to describe the outcomes of this interpretation of the interview data.

11.2 Discourses of dyslexia adopted by informants

Some informants used the language of cognitive psychology (and EPs): '*short term memory*', '*developmental dysgraphia*'. Others used phrases with medical resonance: '*I've got something*', '*diagnosed*', '*symptoms*'. These informants (a total of nine) tended to adopt a skill deficit model of academic writing, seeing difficulties with it as problems within themselves, and poor spelling as a personal defect. Those with the poorest self-image showed a lack of both academic and social self-esteem, and expected to fail, both in admission to institutions and in examinations; those with a better self-image adopted a disability view of dyslexia (as found in current legislation: HMSO 2001), seeing it as something to declare when applying to University and for which support arrangements should be in place. This discourse of dyslexia also tends to see short-term memory difficulties as something to apologise for. Such a student may continue to believe herself to be lacking in intelligence. This discourse of dyslexia may be called the '*patient*', to reflect its medical nature. It is influenced by contemporary sources which in turn derive their discourse from the early literature set out in sections 2.1 to 2.3 above; examples of these contemporary sources are the NWP report (Singleton ed. 1999) and the DI (Dyslexia Institute 2002), which states that '*dyslexia is now firmly established as a congenital and developmental condition*'.

Many aspects of academic study have a social dimension, as well as a cognitive one. The former includes relationships with teachers and lecturers, and institutional policy on assessment. Academic study for those labelled dyslexic also frequently involves affective aspects such as frustration and self-esteem, often linked to a feeling that there is a discrepancy between their intelligence and their academic performance. Frustration may also result from a perception that non-dyslexic peers are able to read text-books and write essays much faster than they can. For twelve informants, the common thread through all these aspects was that they regarded dyslexia as confined to academic matters, in other words having no relevance in any sphere (such as personal organisation or creativity) outside of their University courses. This discourse of dyslexia may be called the 'student'. It is influenced by contemporary sources which in turn derive their discourse from the early literature set out in sections 2.4 and 2.6 above; examples of these contemporary sources are the BDA (2002) and the many EPs' reports which base their identification of dyslexia on IQ/attainment discrepancy (see section 8.3.4).

If 'patients' interpret the cognitive aspects of dyslexia in terms of dysfunctions and 'students' interpret them in terms restricted to reading, spelling and other academic activities, a third group of informants interpret cognitive aspects in a manner more akin to the social model of disability (see section 2.13 above). Such people are often aware of the division of the brain into two hemispheres, and may have strong opinions as to their own cognitive style in terms of functions associated with the left and right sides. Drawing on this analysis, they may see dyslexia as a 'difference' rather than as a 'disability', and identify themselves with successful dyslexic people such as architects and designers. In respect of University study, these students often choose courses which offer alternative forms of assessment such as portfolios or assessed presentations, and seek out lecturers who use diagrams and three-dimensional models. This discourse of dyslexia may be called the 'hemispherist', and eight informants adopted it. It is influenced by contemporary sources which in turn derive their discourse from the literature set out in sections 2.7, 2.10 and 2.12 above; it will be noted that the latter two sections refer to modern sources, as the 'hemispherist' discourse is a relatively recent phenomenon in respect of its re-framing aspects (Gerber et al.

1996). The earliest reference I can find which implies it dates from the mid 1970s (*'It is not a defect, but an individual difference in cognitive style'*) quoted in Cairns and Moss 1995; today, a website which espouses it strongly is that of Glasgow School of Art (Hammond and Hercules 2001) with its references to visual-spatial skills and divergent thinking.

Although on the basis of my professional experience and study of the literature I looked for evidence that informants adopted a 'syndromist' discourse of dyslexia, I did not find this. There was indeed material coded under the headings listed in Figure 10.1 above, but in all cases except 'visual disturbance' (expanded upon in Appendix XVII) only one or two interviews were indicated, and more importantly, those particular informants were more clearly represented under the other discourses. Literature espousing the 'syndrome' discourse was referred to in section 2.9 above.

However, a fifth discourse of dyslexia emerged from the data. In the light of literature on dyslexia as cultural belief (Barton and Hamilton 1998) and as a campaign (Scott 1991), and through study of my field notes and immersion in the data, I found that the following codes led to another type of discourse:

- determination to go to University
- suggestions for the University
- support groups
- DSA: conflict with LEAs
- need for early identification
- university entrance Issues
- university teaching/assessment style
- own research into the definition of dyslexia
- pride and dignity.

A small group of four informants takes a view of dyslexia which is not only strongly influenced by the affective dimension, but also by aspects of the social. The emotional tone of this discourse is defined by anger, but also by determination, both to graduate well and to succeed in life by persuading those in authority to accommodate them. This group adopts dyslexia as a political struggle, devoting energy to lobbying education authorities and institutions about provision for dyslexic people. This discourse of dyslexia may be called the

'campaigner'. Its precursors are the ideas explored in section 2.13 above; a contemporary source is the website of the Arts Dyslexia Trust (Alexander-Passe 2000), with its statement that: *'(...) the world is changing fast, (and) the talents of a dyslexic cast of mind may become increasingly necessary and important as we move into a more visually based information-sharing mode'* (quoted more fully in Appendix VI). This view is also propounded by West (1997) and by some dyslexic individuals (Davis 2001; Sagmiller 2002). In section 4.5 above, I quoted Ivanic (1998:12) as stating that the social constructionist view of identity involves *'affiliation to particular beliefs and possibilities which are available (...) in (the) social context'*, and Thomas's view (1996:323) that if we take such a view of the self, *'we will create and re-create ourselves'*. The 'campaigner' discourse of dyslexia is an example of such a process.

These discourses of dyslexia are not hard-and-fast groupings; more than one discourse can and does co-exist in the same informant's interview data, and this can be quite contradictory. The majority of informants used medical language about dyslexia at some point, for example. Learning support, to take another example, was an issue for almost all informants; when subscribers to all four discourses spoke of their definition of dyslexia, they referred to academic aspects such as reading and essay writing. What defines the 'student' group is statements they made about dyslexia as a purely academic matter, which other informants did not make. Similarly, only the 'campaigners' spoke about setting up groups and confronting University authorities. (The derivation of the 'campaigner' discourse within the data will be examined in detail in section 11.6 below.)

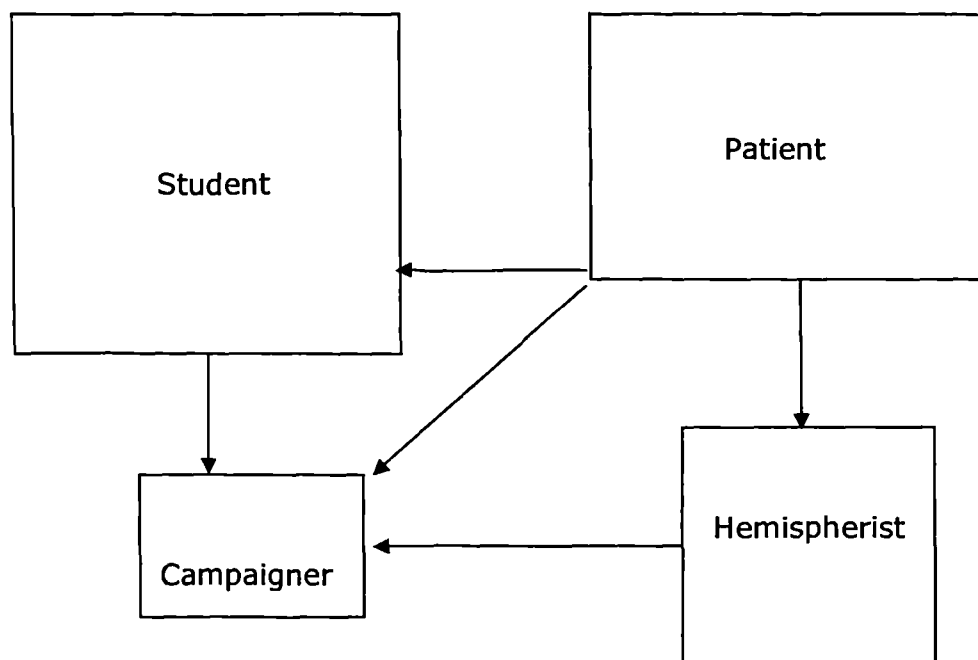
Text searches are useful here. A search for the word 'fight' found that three of the four informants identified as 'campaigners' had used the word in that (campaigning) sense, whereas six other informants who used it were talking about incidents such as playground disputes at school. On the other hand, the word 'struggle' was used by five of the nine 'patients', four of the twelve 'students', three of the eight 'hemispherists' but only one of the 'campaigners'; these informants were using the word to characterise academic difficulties.

In asserting that the 'student' discourse of dyslexia is more aware of a discrepancy between intelligence and academic achievement than the other

discourses, evidence is also provided by text searches. The words 'intelligent' and 'bright' were both used more frequently by 'students' than members of the other groups, generally in the context of such a discrepancy ("*they knew I was bright but I couldn't sort of work*"). Similarly, the word 'disability' was used by more 'patients' than members of other groups.

However, in spite of the above points, the four discourses remain permeable. Of the informants in the present study, the largest group (see table 11.7 below) was the 'students', closely followed by the 'patients'. No group was entirely free of medical language. The relationship between the discourses may be shown by the diagram below, in which the box sizes represent the relative strength of each discourse within the cohort, and the arrows represent influences of the discourses upon each other:

Figure 11.2 : Relationship between discourses of dyslexia



In Fig. 8.1 above, a descriptive typology was set out which indicated a pathway from definitions of dyslexia to identity and the socio-emotional effects of identification as dyslexic. Example One given in section 8.1 is typical of a 'hemispherist', and Example Two represents a 'patient'. Example Three is a

'campaigner' and Example Four is a 'student'. I will now reproduce each of those examples and expand upon the discourses implicit within them.

Example One: Belief in her own intelligence (supported by her family) in spite of poor academic performance at school leads an informant to focus on her own strengths such as holistic thinking and visualisation, which in turn lead to her determination to go to University and success on admission. Informants with similarities to this: Stephen, Rachel.

This discourse focuses on dyslexia as a difference, rather than as a defect. In the Sixth Form, these people become increasingly aware both of their own cognitive style and of the way they prefer to be taught (e.g. with diagrams and concrete examples).

A received definition of dyslexia as a neurological deficit leads to poor self-esteem, which in turn results in social withdrawal, a tentative approach to University admission and a lack of confidence once admitted. Informants with similarities to this: Ann, Fenella.

Some informants who adopted this discourse had not been identified as dyslexic before University admission, but all had come to see themselves as essentially defective as a result of academic failure. They had all had dyslexia presented to them very clearly as an intrinsic defect.

Belief that dyslexia is a recognised pattern of difficulties creates expectations of learning support. When this is not forthcoming, anger and frustration begin at school and lead to a strong-minded effort at University to obtain special arrangements. Informants with similarities to this: Lance, Mel.

This discourse may have some similarity with any of the others, to the extent that its core belief is 'I am different (or disabled) but I am intelligent'. It adds to that belief: 'I am entitled to academic success', and often 'we dyslexics must band together to fight for our rights'.

A received definition of dyslexia as principally a discrepancy between intelligence and academic attainment leads to a self-concept which focuses any difficulties on educational activities. The self may be seen as flawed, and experience at school

and University may include intense awareness of taking longer than peers to complete study tasks. Informants with similarities to this: Alison, Alice.

The key to this discourse is the person's core belief in his/her own intelligence, in spite of a perceived defect in terms of academic activities. Self-esteem can be maintained by placing the deficit firmly in the academic domain, and applying the intelligence to study strategies which aim to circumvent it.

11.3 Sources of these discourses in EPs' reports

Since dyslexia ceased to be defined by public authorities as an entirely medical matter (see Chapter 2), its formal identification has been handed over to EPs, with the work of teachers labelled as merely 'screening'. Psychologists thus have considerable power and hence influence; it is not surprising that they loom so large in the lives of the present informants. In section 8.3.3 above, I gave a table (Table 8.3) showing the models of dyslexia evident in those EPs' reports on informants which were made available to me. That table can now be expanded to show the discourse of dyslexia adopted by each informant (see overleaf) :

Table 11.1 : EPs' models and informants' discourses of dyslexia

Informant	EP model	Language used by EP	Informant's discourse
Peggy	Discrepancy+pattern + neurology	<i>Significant specific learning difficulty of a dyslexic type</i>	Patient
Enid	Discrepancy + exclusion	<i>Developmental dyslexia</i>	Patient
Fenella	Discrepancy	<i>Specific learning difficulty or dyslexia</i>	Patient
Jeremy	Discrepancy + exclusion	<i>Developmental dyslexia and dysgraphia</i>	Patient
Victoria	Pattern	<i>Specific learning difficulty (dyslexia)</i>	Patient
Chuck	Neurology+ discrepancy	<i>Dyslexic</i>	Patient
Arnold	Neurology+ discrepancy	<i>Learning difficulties</i>	Patient
Charles	Discrepancy + pattern	<i>Specific learning difficulty or dyslexia</i>	Patient
Phoebe	Discrepancy	<i>Developmental dyslexia</i>	Student
Lisa	Discrepancy + exclusion	<i>Developmental dyslexia</i>	Student
Harry	Discrepancy + exclusion	<i>Developmental dyslexia</i>	Student
Sally	Discrepancy + pattern	<i>Specific learning difficulties</i>	Student
Bruce	Discrepancy + exclusion	<i>Specific difficulty affecting his communication skills</i>	Student
Alice	Discrepancy + pattern	<i>Dyslexic difficulties</i>	Student
Charlotte	Discrepancy + pattern	<i>Handicapped by a specific learning difficulty or dyslexia</i>	Student
Susan	Discrepancy	<i>Specific difficulties</i>	Student
Stephen	Discrepancy + exclusion	<i>Specific learning disability or dyslexia</i>	Hemispherist
Robert	Pattern	<i>Dyslexic disability</i>	Hemispherist
Aarti	Discrepancy + pattern	<i>Dyslexic difficulties</i>	Campaigner
Mel	Discrepancy + pattern	<i>Specific learning difficulties (dyslexia)</i>	Campaigner
Lance	Discrepancy + pattern	<i>Developmental dyslexia</i>	Campaigner
Patrick	Discrepancy + pattern	<i>Specific learning difficulties</i>	Campaigner

Dyslexia assessment experience, as described in section 8.3.2 above, is clearly a source of 'patient' language (quoted in section 8.3.3), but may also give rise to 'hemispherist' discourse when the EP describes cognitive strengths, which was the case for both Stephen and Robert. To the extent that EPs' reports frequently refer only to academic issues (i.e. not to personal organisation, general memory difficulties or other non-academic matters), they can also be a source of a 'student' discourse of dyslexia.

It will be observed in Table 11.1 that almost all the EPs include IQ/attainment discrepancy in their models of dyslexia. I have stated above that the 'student' discourse is more aware of this issue than the other discourses. Examining the psychologists' reports on those informants reveals the following quotations which may have encouraged the recipients to adopt such a discourse, focused as they are on the academic aspects of dyslexia:

Susan: *'These specific difficulties are creating distinct problems for Susan in coping with the demands of her course in terms of written work'.*

Charlotte: *'.....handicapped by specific learning difficulties or dyslexia, which I consider to be a permanent condition affecting her ability to perform in examinations, where she will be handicapped by her slowness in reading the questions and processing information'.*

Bruce: *'He is almost five years retarded in spelling relative to his age and even more so taking his superior intelligence into account'.*

Lisa: *'The problems that you have with reading are severe and reflect a significant degree of disability. They are likely to lead to problems with written work, particularly under exam conditions'.*

Sally: *'.....specific learning difficulties(...) would be expected to have an effect upon her performance in school and particularly when she is working under timed conditions'.*

Harry: identical language to Lisa (word processing has been a boon to many psychologists).

Alice: *'What impressed me most was how well adjusted you seem to be to your learning difficulties (...) for example, you need to give considerable additional time to extracting meaning from texts'.*

Phoebe: *'Re-assessment of Phoebe's attainments in reading, writing and spelling showed that her learning difficulty is continuing to undermine her performance'.*

What then of any suggestion in the 'campaigners' EP reports of sources of that discourse of dyslexia? In section 11.6 below, I will expand upon the ways in which these four informants became 'campaigners,' showing that EP reports apparently played small roles in their adoption of that discourse. Mel's EP report may have boosted her self-esteem with its reference to '*a very high level of verbal ability*'; she made it clear that awareness of this fuelled her anger with her teachers. However it said nothing about alternative methods of learning and teaching which might be appropriate beyond extra time in examinations. The other three 'campaigners' all had reports from the same lecturer at their University who was also qualified as an EP. These were among the briefest reports copied for me by informants, but nevertheless contained statements which seemed to have fed into their sense of injustice. Patrick's referred to '*the residual problems still apparent after much remedial and conscientious corrective work*', and the way in which his '*meticulous checking*' of his work could not be done under the time pressure of examinations. Patrick spoke at length about complaining bitterly about his grades (see 11.5.2 below).

11.4 Further illustration of the discourses

Table 11.3 overleaf summarises the four discourses of dyslexia, including quotations from interviews which typify each one:

Table 11.2 : Four discourses of dyslexia

patient	student	hemispherist	campaigner
Dyslexia as a medical or neurological condition. Dyslexia as akin to a disease: something which can be 'diagnosed' and has 'symptoms'. A biological fault or defect. Something which you 'suffer from'.	Dyslexia as confined to academic matters. Reading, writing and learning difficulties. An issue connected purely with studying, and no other areas of life. Often refers to a discrepancy between intelligence and academic performance. Often proud of successful paid work which does not involve reading and writing.	Dyslexia as a difference of learning style. A pattern of strengths and weaknesses as valid as anyone else's. Often a stated preference for right-hemisphere brain functions. Dyslexia as something shared with successful visualisers such as architects.	Dyslexia as a cultural belief, e.g. the need for support groups and mutual solidarity. Dyslexia as a political struggle: the need to lobby education authorities and institutions.
Typical statements			
'At least I know I've got something'. 'I've got dyslexia'. 'It's like mis-wiring of parts of the brain'. 'I've got a smaller clipboard than other people'. 'Being dyslexic is just a fault. It's a fault in your personality'.	'I've only ever thought of it in academic terms, not in social terms'. 'That is my social life – my dyslexia affects only my academic life'. 'I don't see it as being a problem in the area of work I'm going into'. 'If I got to the field of work and had to write things fairly rapidly, I think it would all disintegrate, that's what worries me'. 'I knew it was a reason for having bad English skills, yet still remaining quite bright at the same time'.	'It's something you're born with'. 'You're just different – you interpret information differently'. 'It's nothing to be ashamed of'. 'Lots of designers are dyslexic'. 'Seeing the model was really good, because it was 3D'. 'I'm a right-brained person'.	'The more people go (to University) that are dyslexic, the more people are going to recognise it and they're not going to think you're stupid'. 'I set up a Dyslexic Society'. 'I learnt from the support of having a group of dyslexic people around me'. 'I'm hoping to persuade the University to stump up some money'. 'We're trying to force the issue, trying to get concessions done'.

Crossing the four discourses with interview themes referring to cognitive, affective and social areas, the following table emerges:

Table 11.3 : Cognitive, affective and social aspects of the four discourses

	patient	student	hemispherist	campaigner
Cognitive	Definition of dyslexia Own main difficulties Intelligence issue	Reading, spelling, writing, maths. Best subjects Worst subjects Intelligence Oral ability Exams	Cognitive style Creativity 3D thought Memory strategies Own strengths	Teaching and assessment style Early identification
Affective	Academic self-esteem General self-esteem Self as disabled or defective	Stress Strain of IQ/ attainment discrepancy	Self-acceptance	Determination to go to University Vocabulary such as 'fight'
Social	Relations with teachers and parents EPs' reports	Laziness issue Outlook on the future	Identifies with famous dyslexics Open about dyslexia	Suggestions for Universities Support groups Admissions issues

This table demonstrates the robustness of the four discourses, in that interview data from all three dimensions can be matched with all four. Interview themes shown in the table were not exclusive to the discourses with which they are associated there; for example, many informants spoke about the definition of dyslexia, and determination to go to University was not the exclusive province of the 'campaigners'. However, 'patients' used more medical language and showed markedly poorer self-esteem than the rest, and 'hemispherists' were the only informants who talked about patterns of thought associated with the right cerebral hemisphere; 'campaigners' were the only ones to mention political activism in respect of dyslexia, and it was mainly 'students' who emphasised their awareness of an ability/performance discrepancy.

11.5 Linking concepts of identity with discourses of dyslexia

In sections 4.1 to 4.5 above, a range of ways of conceiving of identity was set out. Having distinguished four discourses of dyslexia among my informants, these may be mapped onto the ways of conceiving of identity as follows:

Table 11.4 : Concepts of identity and discourses of dyslexia

Way of conceiving of identity	Potential dyslexia-related consequence of this concept	Matching discourse of dyslexia
Biological	Brain deficits	Patient
Cognitive experimentalist	Learned helplessness; the search for a reason for difficulties	Student
Experiential	A phenomenological view of the self; seeing own strengths, and trying to fit in with the academy	Hemispherist
Social constructionist	Affiliation to strong beliefs	Campaigner
Psychodynamic	Need for another person to explain who we are; need to be mirrored	Range of discourses of EPs

In section 4.1, I referred to *the focus on the physical brain* which characterises the biological view of the self (Toates 1996). There is a clear link between this and the language used by some dyslexia literature (Hornsby 1984; Galaburda 1989) and many EPs (such as Peggy's, who talked about her having 'a *smaller clip-board*' than other students). A biological view of consciousness holds that conscious experience is a property of the physical brain, and that emotions are 'caused' by chemical substances in the brain. From the earliest days of dyslexia research (see Chapter 2), many have believed that dyslexia consists of a neurological deficit (Miles and Miles 1999). Of course, the 'hemispherist' discourse is also based upon what amounts to a neurological concept, and to that extent may also be said to be 'biological'. It has however another dimension, as I will shortly demonstrate.

Central to the cognitive experimentalist view of the self is the search for attribution (Lalljee 1996)(see section 4.2 above). In the case of dyslexia, this involves the question: 'why am I doing badly at school/college?' The process of intrapersonal analysis may result in 'learned helpless' beliefs, such as the attribution of academic success to luck or the easiness of the questions (Butkowsky and Willows 1980). Those who adopt this view of the self may seize upon the IQ/attainment discrepancy often adduced by EPs as an explanation for their

problems at school. The cognitive experimentalist model of the self (Lalljee 1996) focuses on the interpretation of events; a person with a 'student' discourse of dyslexia does not necessarily interpret academic difficulties as implying a fundamental defect in the self, as a 'patient' generally does.

From an experiential standpoint (Stevens 1996b), the self is understood from a position of subjective experience (section 4.3 above). Humanistic psychology (Rogers 1951) accepts the person as s/he is, rather than seeking to apply pathologising labels. The 'hemispherist' discourse of dyslexia is self-accepting in its belief that the individual is an amalgam of strengths and weaknesses. It is also accepting of others, to the extent that it acknowledges that many people are 'left-brained' and that such an approach works well for them. As Kelly (1955) explains, the use of metaphor to conceptualise human experience is widespread; the polar analysis 'left-brained/right-brained', or 'linear/global thinker', is akin to what Kelly calls a personal construct.

The concept of discourses of dyslexia is itself a social constructionist approach; discourse analysis proposes that language use actively constructs the world and the self (Wetherell and Maybin 1996). As suggested in section 4.5 above, adoption of the label dyslexic represents affiliation to a belief, or identification with a socially and culturally advocated concept. However, the 'campaigner' discourse of dyslexia (as expressed by Lance) goes further in claiming that academic procedures, particularly academic writing, are themselves not absolutes but also social constructions. Furthermore, from this standpoint the disability of dyslexia could be said to be constructed by the academy.

Table 11.1 above might imply that most EPs adopt a psychodynamic perspective on the self. This is clearly not the case. However, if we agree with Thomas (1996) that from a psychodynamic standpoint the help of an 'expert' is necessary for understanding of the self (see section 4.4 above), the link with the profession of educational psychology becomes plain. Turner (1997:117) is quite clear about this; the 'technicalities' of dyslexia assessment *'remain essentially beyond the reach of those who do not have the specialised background'*.

The four-level model of dyslexia self-awareness proposed by McLoughlin et al. (1994) and reproduced in section 5.7 above is itself a fundamentally psychodynamic concept, with its assumption that there can be conscious and unconscious awareness. (McLoughlin is himself an EP.)

11.6 A detailed example of the development of a discourse: the 'campaigner'

I will now examine the 'campaigners' in more detail, in order to demonstrate the way in which evidence for a discourse of dyslexia in informants is built up. This will be done using three headings: general evidence for the discourse (i.e. points from their learning life histories which show their image of dyslexia or attitude to it developing), the way in which they see themselves as writers (an area which encapsulates critical aspects of academic life) and global self-esteem. The four 'campaigners' are Mel, Lance, Patrick and Aarti. (For brief 'life maps' of informants, see Appendix VII. There is a case study of Mel in Appendix I, and a vignette of Lance in section 11.9 below, Box 11.4.)

11.6.1 General evidence for the discourse

As a teenager, Mel had read about dyslexia and asked to be assessed for it. She described her assessment report as raising the awareness of the staff at her school, which she thought '*did quite a lot to make it easy for other people*'. When interviewed, she was in the process of setting up what she called a '*peer support group*' for dyslexic students.

Lance described himself as having '*always been politicised*'. At Burtonforth University, he soon began to work for the Student Union. Disappointed by the level of dyslexia support available ('*the support I've had, I've had to fight for, largely*'), Lance formed what he called a 'Dyslexic Society'. The following quotation is given at length because it exemplifies the 'campaigner' discourse very clearly. Lance had just referred to a well-known book on dyslexia, and I had asked him what he thought of it:

I think he's got his point, but, um.... I think he's not dyslexic. I think, with all due respect to people who are not dyslexic, that it's basically: you haven't lived through it. I'm taking it from a political persuasion – I think dyslexia is going to

be like gay rights, I think it's going to be like feminism. I think feminism was progressed not by men but by women, and gay rights have been pushed for by homosexuals. I think dyslexia is very close to – is very very similar to homosexuality – we've been discriminated against, we've been persecuted, you can't judge us from our skin.

Patrick had also been involved with a 'dyslexia support group' at his University. He had been motivated to join this by his experience of being marked down for '*diabolical English*', which will be covered in the section below on writing.

Aarti felt that all University staff should be aware of the needs of dyslexic students: '*I'm talking about the IT suite, the library, people at the offices*'. She resented having to remind library staff that she was entitled to extended borrowing times.

11.6.2 Self as a writer

Mel remembered pestering a teacher for spelling information at Junior School because she wanted to '*use English fully*'. This feeling persisted at University, where she still refused to paraphrase in order to avoid a word she could not spell: '*It's my English, I want to use it!*' In spite of this, she felt that school examinations represented a '*fair fight*', because she could receive marks for including key facts.

Aarti on the other hand was angry about what she saw as the unfairness of exams. Her campaigner mentality shows more in her anger and struggle at home than in relationships with institutions; having failed her A Levels, she decided that her essay structuring was at fault:

I got past papers back to like the 1970s, and I did a draft for every possible essay in any different way it could be structured, and learnt them. (...) So when anyone says I'm not bright and I'm not intelligent, the fact that I did that proves that I am.

Lance also re-sat an examination: he had tried five times to improve on his D grade in English Language O Level. Arriving in Higher Education, he had hoped that his *'English would be less of a problem – they'd be wanting my ideas, not grammar, spelling, the likes'*. Disappointed to find that this was not the case, Lance's motivation to form the 'Dyslexic Society' included his belief that the academic staff were unaware of dyslexia : *'I think I get penalised for not writing linear stuff'*.

Patrick could remember the marks he had received for every piece of University work he talked about. He had disputed several marks with his tutors, and on one occasion felt he had scored a point by deliberately using what he called 'jargon' to achieve a higher mark: *'That'll teach the bugger'*. However, Patrick was most angered by the aftermath of his formal assessment as dyslexic. He was convinced that he would be offered a viva after his examinations, and disputed his marks, arguing with the course tutor and the moderator: *'I slammed the door and left'*. Patrick had not been identified as dyslexic until late in his course, and believed that all students should be screened for dyslexia on admission to Higher Education.

11.6.3 General self-esteem

The 'campaigner' attitude shows itself in a variety of ways under this heading. Reference has already been made to efforts by informants to prove their academic worth; Mel (in her teens) had wanted to obtain evidence of her intelligence, and successfully passed the test for joining 'Mensa', a fact which she immediately reported to her Sixth Form teachers (*'....basically look Sister straight in the eye'*).

Aarti wanted to deny her school any credit for her GCSEs, believing that she had passed them through her own hard work: *'Round the clock, round the clock I slogged'*. Lance also felt that the education system could be unfair; he believed that fellow students with less grasp of the subject were gaining higher marks than he because they were better at essay structure and examination technique. He also felt that his campaigning activities about this might influence tutors: *'I know also – since I've kicked up a fuss, I'm not a favourite person'*.

Finally, Patrick also felt that examinations were unfair, believing that Maths O Level involved too much reading and comprehension and too little mathematics. In terms of his self-esteem, he showed his 'campaigner' approach when he reported negative comments from teachers about his prospects: *'That's a spur, when I think of the words they said about me'*.

It is important to note that these informants' interviews show signs of combative personalities from an early age in most cases. These traits cannot be separated from dyslexia experiences; there is a body of literature referring to the emotional strain of being dyslexic at school (Osmond 1993; Edwards 1994; Miles and Varma 1995; Riddick 1996), but without further interviews and study of their families, it is impossible to state with confidence that these informants' 'campaigner' discourse and behaviour resulted purely from the dyslexia experience.

11.7 Sources of these discourses in informants' lives

In section 8.2 above, the role of significant others, the media and University publications in presenting definitions of dyslexia was discussed. In addition to EPs, significant people in informants' lives who may influence their discourse of dyslexia include:

- Family members: Parents may identify themselves as dyslexic, or have other children who are already identified. Some parents make their own inquiries about the subject, and dyslexic siblings may pass on their views. (Examples: informants Sally, Phoebe, Eliza, Will, Enid.)
- Teachers: Learning support teachers feature prominently as providers of information, but tutors on Access courses also play a role. (Examples: informants Charles, Fenella, Lance, Jemima, Gary, Robert.)
- Other students, particularly those who are dyslexic themselves (examples: informants Stephen, Patrick, Harry) and information about dyslexia come upon by accident in the printed and broadcast media (examples: informants Chuck, Mel, Alice, Ron, Geraldine).

The points in their lives at which informants came upon the concept of dyslexia varied widely, from primary schooldays to their forties, but the sources of their images of the nature of dyslexia are likely be as above. Appendix XVI expands upon these sources.

11.8 Routes to Higher Education

The routes to Higher Education of the four categories may be summarised in the following table:

Table 11.5 : Approaches to University admission

Patient	Student	Hemispherist	Campaigner
Negative self-image: Poor self-esteem, academic and social. Expectation of rejection by courses and institutions. Expectation of failure in examinations. Dyslexia as something to hide.	'Students' tend to have been identified as dyslexic in childhood, and therefore have an expectation of learning support. May also have had several years of specialist tuition. Usually had extra time for A Levels. May ask about support arrangements at interview.	Often encouraged by EPs who explain about the hemispheres of the brain. Drawn to subjects which have 3D aspects, such as architecture. Tends to be confident about dyslexia at admission interview.	May have lobbied LEA for support; parents may have pressed for Statement. May contact University in advance to ask about support. Likely to be well- informed about legislation.
More positive self- image: Dyslexia as a disability to declare; demand for support arrangements.			

As discussed in section 3.10 above, dyslexia is legally recognised as a disability in HE. Awareness of this brings about an overlap between 'patients' and 'campaigners'. The key element of the 'campaigner' discourse is political, not a belief that dyslexic students are no different from their peers; 'patients' such as Jeremy (who was keen to make sure he was not penalised) and Chuck (who was angry about the invisibility of his 'disability') have something in common therefore with 'campaigners'.

The reason why 'students' (such as Jemima) may ask about support arrangements at their admission interview is that, having absorbed an IQ/attainment discrepancy discourse of

dyslexia, they are often confident about their intellectual ability. Those who have received several years of learning support (such as Gary) may also have benefited from a boost to their self-esteem as a result.

'Hemispherists' (such as Eliza and Stephen) who are aware of their cognitive strengths may also be confident at an admission interview. As regards academic subjects which have aspects of three-dimensional thought: two of the 'hemispherists' in the present study (Robert and Ron) had used this in their previous work, but none was currently studying a subject such as architecture which overtly requires this; the assertion about this in Table 11.5 is made as a result of my professional experience in HE since 1995. Three of the 'hemispherists' had however been identified as dyslexic before admission; one of these, Rachel, took her EP's report to her interview and asked about the match between her profile and the demands of the course.

Of the 'campaigners', only Mel's remarks showed signs that she had adopted such a discourse before admission to HE, and only Lance's parents had pressed for him to be assessed and supported at school; I am again drawing on my professional experience at this point. Overall, the 'campaigner' discourse is a response to HE experience, and hence there is less to say about it under approaches to admission.

11.9 Experience of H.E. once admitted

Table 11.6 overleaf summarises the four discourses' experience of University academic life and the approaches they take to dealing with it:

Table 11.6 : University life for the four discourses

Patient	Student	Hemispherist	Campaigner
Overall University experience			
Adopts skill deficit model of academic writing: sees problems as within self e.g. poor spelling as a personal defect. Short-term memory difficulties as something to apologise for. May continue to believe self to be lacking in intelligence.	Often not keen to receive one-to-one support, because of desire to make a fresh start without it. May see ICT equipment as a route to overcoming all difficulties. Will often seek oral assessment instead of essays where possible.	Enjoys courses and lectures which are set out as diagrams. Keen to explore own learning style. Responds well to alternative forms of assessment such as portfolios.	Liable to be combative in seeking re-assessment of low grades. Works to raise lecturers' awareness of dyslexia. Finds and/or attends a support group. Makes full use of arrangements such as identity cards as dyslexic.
'Coping strategies'			
Preference for human support as opposed to technology. Possible interest in diet and/or drug regimes (but not the present informants). Awareness of arrangements such as extra time in examinations as disability facilities.	Talking over topics with others e.g. for revision. Full use of word processing and screen readers. Often likes amanuensis support in examinations.	Enjoys concept mapping, both on paper and with a computer. Uses this for note-taking as well as essay planning. Also uses colour and shape. Likes to make information pictorial in her head. Needs to apply information to something concrete.	May reject the term 'coping strategies'. Approach is to claim a 'level playing field' as of right. Gains strength from support of campaigning group members.

It was noticeable that those informants (such as Enid and Victoria) who evinced continuing doubts as to their intellectual ability were all 'patients'. They had all sought, or expressed a preference for, individual learning support tutorials, being very clear that dyslexia was a personal defect. Some 'patients' (such as Victoria) lacked confidence in their ability to benefit from ICT strategies.

'Students' by contrast (such as Alison and Will) were generally very keen on ICT and seemed to be using it successfully; this may partly be a result of their greater self-confidence intellectually, although no informant made such a connection overtly. Informants such as Gary, who had received many years of individual support, were determined to manage their courses on their own. Because of their frequent focus on IQ/attainment discrepancy, these informants often preferred oral assessment; they were also aware of the benefits to understanding and memory of discussing course material with fellow students.

If 'students' hoped for oral assessment in order to avoid writing, 'hemispherists' sought a different 'alternative' form: the portfolio or project. This allowed them to use maps and diagrams, and to sidestep the linear essay as far as possible. Whereas 'patients' and 'students' tended to blame difficulties in lectures (such as running out of time to copy down information) on their own shortcomings, 'hemispherists' often spoke positively about lecturers whose style they liked (such as those who used diagrams and concrete demonstration).

In contrast with these informants, the 'campaigners' might remind a lecturer if s/he was not being 'dyslexia-friendly'. The overlap between these discourses is shown here however by Victoria, a mature 'patient' who spoke confidently about having reminded her 'Field Chair' about 'dyslexia-friendly' delivery on several occasions. Lance set up a 'Dyslexia Society' and Patrick was active in the support group at his University; Mel has set one up as part of her learning support role in the job she is now doing (see Appendix VII). Although others (such as Jeremy and Stephen) deliberately avoided such groups, 'campaigners' may relish the solidarity with peers which they can offer.

Informants with differing discourses of dyslexia thus coped socially in contrasting ways. 'Patients' worried about memory and either laughed it off or asked for sympathy; 'students' insisted that their social lives were not affected; 'hemispherists' tended to find their faith in that discourse shaken by social problems, and sometimes fell back on 'patient' discourse; 'campaigners' did not discuss social difficulties in their interviews (except for Mel, who said that her boyfriend needed to be patient with her conversational style).

I will now give vignettes of informants who represent the four discourses.

Box 11.1 Vignette: Fenella, a 'patient'

Fenella was 44 when interviewed, studying social anthropology. Brought up in France (her mother was French), she had moved to England at the age of 6, which was her first exposure to the English language. Fenella described her childhood self as small and pretty, with long blonde hair, adding that as she had been frequently ill and unsuccessful at school, her parents seemed to have decided that her future was to play a domestic role and hence had not been concerned about her academic progress. She remembered teachers calling her lazy and expressing frustration with her inability to comprehend her reading and produce accurate written work.

The only O Level subject Fenella had enjoyed and succeeded in was Art. She enrolled for the A Level, but dropped out and became a window-dresser, feeling that she was 'out of her depth' not only at school but in other aspects of her life. After attempting to live in Paris, she returned to England and worked in a telephone exchange, where she found the initial training very difficult.

Marrying at 20, Fenella had two children. After her divorce, she began doing voluntary learning support work at a local primary school. This led her to consider the fact that most of her friends had degrees, and to begin a process of seeking a qualification: *'Here I am, feeling this terrible emptiness – there's something wrong with me and something terribly missing in my life'*. After passing English GCSE in her mid thirties via an adult literacy class (she described getting to the end of the exam as a major turning-point), she enrolled for an Access course. Fenella remarked that her new partner at the time had *'degrees and letters'*.

Once on the Access course, she spoke to the tutor about her slow reading, thinking that there was *'something not right'* about herself. On being screened for dyslexia by a learning support tutor, Fenella burst into tears because she misunderstood the expression 'specific learning difficulties'. The Access course had links with the local University, and Fenella went to her interview with some diffidence. Once admitted, she found about the DSA from the learning support unit; her LEA would not accept the Access tutor's screening report, so she paid for an assessment by a local EP (by which time she was 42). This report included reading and spelling ages, which she found *'just shocking'*.

Fenella set up a support group for dyslexic students in her faculty, and persuaded the Dean to arrange accommodation for them. After unsatisfactory learning support sessions with a counsellor, who wanted to focus on her emotional life rather than the purely academic guidance she was seeking, Fenella graduated with a 2:1.

In 2001, Fenella was working as a dental practice receptionist, which she described as *'not the career I would have chosen if I'd gone to University earlier in life'*. She felt she still had poor self-esteem, and did not refer to dyslexia at work, as it is *'a defect from an employment point of view'*.

Box 11.2 Vignette: Gary, a 'student'

Gary was 20 and studying computer science. At his primary school, he had a teacher who recognised dyslexia; as a result, he was assessed at the age of 7. This led to many years of withdrawal from class for learning support. Socially confident, Gary had enjoyed his schooldays up to GCSE, commenting that he had always had a thirst for learning.

By the time he entered the Sixth Form however, Gary was *'sick of work-sheets and little cards'*. Nevertheless, he was determined to go to University; he began to feel resentful when he saw other students, for whom it was *'so easy to do well'*, making little effort while he was *'trying to learn as hard as I can, and it's so difficult'*. Gary felt that he had ability in science subjects, although this contrasted with his inaccurate spelling and grammar. He continued to be popular socially, but had to force himself to go in to school. With extra time, he obtained sufficiently good A Level grades for admission to his preferred University.

Some people with a 'student' image of dyslexia make detailed inquiries about learning support arrangements when choosing their University. Gary had no intention of spending any more time with support tutors, but he did indicate dyslexia on the UCAS form. Once at University, Gary declined to go to a support group for dyslexic students: *'I don't really see the need for going along to some society about something which is a mere inconvenience to my life'*. He 'came out' as gay, but did not see a parallel with 'coming out' as dyslexic, because *'that is my social life, and my dyslexia affects only my academic life'*. He added: *'I find dyslexia a bit of an irritation, but I just get on with my life'*.

As a student of computer science, Gary knew how to make good use of ICT to help him. The only support he needed from the University was extra time in exams. He was aware of his own learning style, commenting that learning support tutors had often suggested using a tape recorder whereas he preferred to work visually.

Looking ahead to job applications, Gary was preparing to be open about dyslexia, believing that this would not be seen as a problem in the computer industry, and that his *'degree should speak for itself, when I've finished, really'*.

Box 11.3 Vignette: Robert, a 'hemispherist'

Robert was 31 and studying Law. He remembered being slow to learn to read, and being labelled lazy and lacking in intelligence at primary school, where he compensated for this through social and sporting success. His father tried very hard to help him with multiplication tables. This pattern continued at high school, where the contrast between his oral ability and examination results added the label 'under-achieving'. Eventually (in his fourth year), the French and Maths teachers told him not to attend their classes any more, believing his frequent need to have material repeated amounted to insolence. Regularly called 'exceptionally lazy' in reports, Robert began to feel that he could not prove himself otherwise. He failed almost all the CSEs he took, and enrolled for a City and Guilds photography course.

The portfolio he assembled on that course enabled him to obtain a job producing architectural graphics. He enjoyed that work, but had to wear sunglasses to avoid headaches caused by the combination of fluorescent lights and the whiteness of his drawing board. His employer sent him on a BTEC Building Studies course, but he could not manage its Maths and Physics components. However, Robert succeeded in various subsequent jobs with architectural practices partly because, as he said of a building plan: *'I can see it; I can walk through it and I can picture colours, where the lights are, everything'*. Another aspect of his employment success was a talent he discovered for painting architectural perspectives, water-colour artist's impressions of prospective buildings.

After a period of self-employment producing such perspectives, Robert became frustrated with the pressures of pursuing clients for payment. Remembering that on the BTEC course, he had been interested in the legal aspects of building work, Robert went (at the age of 29) to the local FE college to inquire about routes to studying Law. He was advised to take an Access course; uncertain as to the acceptability of this for admission to a Law degree, he checked on that with the University and was reassured.

The Access course tutor suggested that he seek a formal assessment for dyslexia. Robert's parents paid for him to see an EP at a famous University dyslexia unit, where he not only felt patronised but also found the report too full of jargon to understand properly. However, once admitted to his Law degree course, he obtained the DSA and found the computer he was able to buy extremely useful, particularly for voice activated word processing and concept mapping. He became increasingly clear about his preference for focusing on global concepts and for expressing his ideas orally.

Robert described struggles with telephone numbers, writing cheques and other daily activities, but success with *'conceptual ideas'* as opposed to *'factual information'*. His metacognitive ability helped him to achieve a 2:2. After a Bar Vocational Course, he is now working as a barrister.

Box 11.4 Vignette: Lance, a 'campaigner'

Lance was 24 and studying politics. His mother had persuaded his school to have him assessed for dyslexia at the age of 10. At comprehensive school, a strong feature of his response to academic difficulties had been anger; he spoke sarcastically about his teachers, particularly in respect of their ignorance of dyslexia. He had also resented not being asked to read aloud in class.

Looking back on his schooldays, Lance recalled being bullied because he was different. He began to find strength in being able to put an argument orally, and took to political debate. He passed four O Levels; determined to improve on his grade D in English, he re-sat it four times but never succeeded.

Lance's parents separated when he was 12, which *'added to the emotional traumas'* as he put it. But they paid for a private tutor, who showed him *'spider graphs'* and *'bullet plans'* for essay writing, and *'how to think holistically about problems'*.

Lance was determined to get a degree for career reasons. His A Level results were very mixed: B, U and N, with B for General Studies. He was however very optimistic about higher education: *'My English would be less of a problem, they'd be wanting my ideas, not grammar, spelling and the likes. I've learnt the reality is, they still want all that'*. Lance made several comments about the contrast between his ability to talk about a subject and his attainment when writing about it. He also resented the way he spent *'twice as much time on essays'* as other students, but did not receive good grades. Anger about this only made Lance more determined. He was elected a Student Union officer, and his first campaign focused on the fact that the University had a Disabilities Officer and a Welfare Officer, but no-one who worked specifically for dyslexic students. *'I also found that the knowledge the staff have of dyslexia is none'*, said Lance. He also set up a Dyslexic Society, because he wanted *'the support of having a group of dyslexic people around me'*. At the time of his interview, he was trying to persuade the University to fund a leader for the group.

'I think dyslexia is very close to homosexuality; we've been discriminated against, we've been persecuted, you can't judge us from our skin....' Lance's ambition was to be employed as a researcher into the needs of such students and the best response the higher education community could make to them. Meanwhile, his motto was: *'Dyslexics want the things when they want them, and they want them now'*.

The expansion of Table 9.4 overleaf shows all the informants, now grouped by discourse of dyslexia. The full table may be found in Appendix XIX.

Table 11.7 : All informants, grouped by discourse of dyslexia

informant	age	discourse	expert views from	Family dyslexia	Parents' input	Approach to Univ.
Arnold	20	patient	various Ts; EP; counsellors	not stated	pressure	not stated
Charles	44	patient	LST; rdg on 'word blindness'	not stated	M typed work	not stated
Jeremy	19	patient	GF; psychologist	not stated	M non-specif	ambitious for career
Chuck	34	patient	EPs; own reading	3 siblings	Took him to EPs	ignorant of demands
Ann	21	patient	EP	not stated	M req'd asst	reluctant
Enid	20	patient	Parents; University psychologist	F; GM	M (= T)	'natural thing to do'
Fenella	44	patient	SNT at College; LS unit	not stated	M read to her	kepp up w frnds; nervous
Victoria	50	patient	D.I. teacher; EP	not stated	not stated	keen but anxious
Peggy	38	patient	EP	not stated	not stated	very anxious
Mel	32	campaigner	Reader's Digest; EP	nieces	M did reading	confident
Aarti	22	campaigner	EP	not stated	not stated	determined
Lance	24	campaigner	LST	not stated	M; M+F=LSTs	determined
Patrick	25	campaigner	EP; other students	not stated	private T 6 yrs	not confident, so HND
Lisa	50	student	S. Hampshire, mags, D's EP	B, D	not stated	'learning bug'
Jemima	20	student	SNT; EP	M (probably)	ETH, spec sch	confident
Phoebe	21	student	3 EPs; M	M	Sent to bdg sch	confident
Alice	37	student	Newspapers; LST (University)	F, B	ETH, emot.	v. keen
Susan	45	student	LSU staff; EP	M = illiterate; 2 Ds	F = reading	very tentative, but keen
Sally	19	student	EP, M	B	M 'all the way'	always going to go
Harry	27	student	Other student; EP	not stated	non-specif	career interest
Gary	20	student	class T; LSTs	not stated	M = emot. support	always determined
Alison	20	student	EP; Ts; LST	S; M; uncle	ETH, gen enc	"have a go"
Charlotte	21	student	LSU staff; LST	not stated	ETH	keen; ignorant of dyslxia.
Bruce	24	student	EP	B? S? Cousin?	Not stated	det. to leave home
Will	18	student	M's reading; other dyslxic boy	not stated	M req'd asst; ETH	not stated
Eliza	22	hemispherist	EPs, SNT, parents	no	"all along"	didn't expect to go
Geraldine	53	hemispherist	own research + self-analysis	not stated	not stated	not stated
Rachel	20	hemispherist	EP	F	M non-specif	'out' at interview
Stephen	22	hemispherist	D.I.T; M+F read books	not stated	M+F a lot	engineering like F
Adrian	25	hemispherist	EP	not stated	not stated	not stated
Betty	49	no clear disc'rse	Ds' EP (then went herself)	2 Ds	not stated	wanting to improve self
Robert	31	hemispherist	Access T; EP	not stated	financially	determined
Ron	41	hemispherist	Access T; EP; own research	B	F = help w h'wk	desire to be a nurse

Examining the above Table, it may be observed that 69% of informants were formally assessed and identified as dyslexic in the 1990s. This implies firstly that none of the four discourses can be associated with a particular era, and secondly that as the majority of those in each discourse group were assessed in the 1990s, the medical view of dyslexia is as strong now as it was 100 years ago.

Only three of the twelve informants who adopted a 'student' discourse of dyslexia were older than 27; most older informants were 'patients' or 'hemispherists'. Erikson (1968) proposes that the developmental tasks of those of the age of my younger informants include deciding on an identity focus and repudiating alternatives (see section 4.4). Since a key element of the 'student' discourse is that it sees dyslexia as limited to academic issues, it may be that the decision to adopt such a view implies a deliberate desire to forbid it any influence on other aspects of life.

All but one of the women who were 'students' were aware of other dyslexic people in their families. Indeed, most of the informants who spoke of dyslexic relatives were women. This may be a cultural artefact, in that males tend to be less aware of family matters than females. I am probably on safer ground in observing that the majority (63%) of those who referred to dyslexic relatives adopted a 'student' discourse; I would speculate that family conversations about dyslexia would probably focus most often on school- or University-based issues, rather than wider social ones.

There are further aspects of the 'student' group which may be noted in the above Table. In terms of the confidence, keenness or determination with which informants approached Higher Education, the 'student' group are markedly the most positive. This may be because the IQ/achievement discrepancy involved in this discourse tends to inform them that they are intelligent. Furthermore, the majority of the 'student' group were assessed in their teens and earlier. Those who were assessed at primary school all became 'students' or 'hemispherists', which may be because with the passage of time (and increase in successful strategies), medical views give way to more positive models.

The 'campaigners' were all in their 20s (or in one case, 32). Maybe this is an age of political intensity. The four 'campaigners' came from Burtonforth and Axbridge Universities, i.e. not from the two Southern institutions. They were born and brought up in East London, Staffordshire and in two cases on Merseyside, so no pattern may be noted in their regional origins.

There was however one observable North-South divide: no one from Spenceton was a 'hemispherist', and only one informant from Belleville was in that group. The EPs seen by the Spenceton and Belleville informants all used IQ/attainment discrepancy models of dyslexia, in some cases with the addition of a neurological approach, and those informants all became 'patients' or 'students'. The latter discourse would have been reinforced by the ideology of the Belleville learning support team at the time. 60% of Spenceton informants were 'patients', and this may similarly have been reinforced by the attitude of the learning support tutors then, who were mostly psychodynamic counsellors.

Finally, 15 informants (45%) had believed themselves to be unintelligent during their schooldays. This group included all but one (85%) of the 'hemispherists', who may have seized upon that discourse as a positive explanation for their difficulties. The remaining informants who had believed themselves to be unintelligent during their schooldays were clustered in the 'patient' group (five) and the 'student' group (four). None had become 'campaigners'.

11.10 Case studies and comparisons between the discourses

Having placed all my informants in one or other of these discourse sub-groups (with the exception of Betty, whose interview did not result in language sufficiently clear to identify any discourse of dyslexia), I have chosen one representative from each group for a descriptive case study (given in Appendix I). This is an aspect of what Huberman and Miles call 'data reduction':

(D)ata summaries, coding, finding themes, clustering and writing stories are all instances of (...) data selection and condensation
(Huberman and Miles 1994:429).

They add that '*the traditional mode of qualitative analysis has been the single-case study*', adding that a 'case' might be a group of individuals who '*share*

several common characteristics' (ibid.:435). The present case studies are intended to avoid 'bittiness' and convey a clear picture of the reality of life for my informants.

My informants all regarded dyslexia as a given, although they had different views of it. By definition, they were people who had accepted the label dyslexic, but with it they had also internalised the notion that they were 'different', and that this difference meant that they had problems which were within themselves. Only one (Mel) spoke of the academy changing its style of learning and teaching so that the concept of dyslexia might be redundant; even the other 'campaigners' saw the campaign in terms of disability rights.

It is possible however to link the four discourses of dyslexia into two pairs. 'Patients' and 'students' see their difference as constituting a deficit or defect, whereas 'hemispherists' and 'campaigners' feel some sense of group solidarity, and on the whole have a more positive view of their own cognitive style. The dyslexic label offers learners an explanation for their experiences (Miles 1993), but it is hard for these informants to make sense of their overall experience because they hold very cognitive views.

Apart from the 'campaigners', these informants did not make an overtly social analysis of the dyslexia concept. However, as referred to in section 2.13 above, the social aspects include a University's style of learning and teaching; when 'hemispherists' spoke about appreciating a visual or diagrammatic manner of presentation by lecturers, they were commenting on a social aspect of life for a dyslexic student.

Similarly, from the viewpoint of literacy as a social practice (Barton 1991; Street and Street 1991; Hamilton, Barton et al. 1994), informants who adopted all discourses of dyslexia accepted an autonomous model of academic literacy. They showed this by making comments such as:

- *I still find structuring essays very very difficult.*
- *Some essays I was doing three or four times before I could actually hand it in.*
- *I can alter my ideas to fit the way they want reports.*

- *I get my girlfriend to read it through, who changes my English around.*
- *The very first essay I wrote, the tutor sat and went through it with me, and all I saw was this red pen all over the page.*
- *That's probably why I feel thick (...) I can't do the essays.*

Lance (a 'campaigner') criticised this. As quoted above, he had hoped
they'd be wanting my ideas, not grammar, spelling, the likes – all that. And I've learnt the reality is, they still want that.

In section 2.13 above, reference was also made to 're-framing' the concept or view of dyslexia (Gerber et al. 1996). As Gerber et al. explain, re-framing needs to start with self-recognition and self-acceptance (Gerber et al. 1992); in other words, a person's sense of identity is central. There is a parallel between the identity issues which arise for students labelled dyslexic and those issues for mature, 'non-traditional' H.E. students (Pollak 2001), in that both groups may question their 'right' to be in Higher Education or their ability to cope.

Conceptions of dyslexia and of Higher Education are both '*culturally recognised, ideologically shaped representations of reality*' (Ivanic 1998:17); the discourse of dyslexia which a student adopts is thus likely to have a considerable impact on his/her ability to re-frame the experience.

Informants who adopt the 'patient' discourse are farthest from being able to do this, believing themselves to be deeply flawed. 'Students' are often a little further forward, in terms of re-framing; they often made statements affirming a belief in their own intelligence, adding that dyslexia was simply a problem with academic study (see statements in Table 11.3 above). (The 'downside' of such a view is the expectation expressed by Harry, that in the world of work, dyslexia would seem '*a bigger disability*'.) 'Hemispherists' are usually considerably further forward with re-framing, as Tables 11.3, 11.5 and 11.6 indicate. However, it was a 'campaigner' who had the most positive view:

I don't think I really think of (dyslexia) as impinging on (the rest of my life). I tend to take the positive view that it gives me a different perception (Mel).

It might be expected that students with such differing views of themselves and dyslexia would have markedly differing ways of coping with HE.

Recommendations for learning support tailored to the needs of students with each discourse of dyslexia would have then have been an outcome of the study. Table 11.6 showed that these informants showed some broad preferences as to strategies, but (except in the case of the 'hemispherists') these amounted more to attitudes than to precise methods. The data overall revealed that all informants selected from the same range of approaches and techniques, which included those listed in Box 11.5:

Box 11.5 Informants' 'coping strategies'

Tape recording lectures (though no one said this was effective) Using a PC Concept mapping Using colour for essay editing and examination revision Talking to self and peers Avoiding reading as much as possible Selecting modules assessed orally or by coursework Trying to relate detail to an overall picture Trying to relate detail to a real-life situation Asking for copies of OHTs (often on coloured paper) Making multiple drafts of essays, often by hand Seeing a learning support tutor Asking peers to read text books aloud and/or proof-read essays Writing 'I am dyslexic' on examination papers and assignments.
--

The above approaches are also listed by other authors on dyslexia in HE (Cowen 1988; Gilroy 1991; Gilroy and Miles 1996; Riddick, Farmer et al. 1997; Cottrell 1999; Hunter-Carsch and Herrington 2001). It may be observed that all but the last four are positive independent steps, most of which involve metacognitive self-awareness. 'Avoiding reading' (an attitude not of course confined to students labelled dyslexic) may be a positive step if accompanied by seeking information on audio/video tape or CD ROM (with which screen-reading software may be used). Seeking human support can also be seen as positive when compared with inaction, but usually involves acceptance of a degree of failure; writing 'I am dyslexic' on written work, while ostensibly practical, is in my opinion tantamount to accepting that the author is defective.

I stated above that 'hemispherists' and 'campaigners' have a somewhat more positive self-concept than 'patients' and 'students'. If any informants show signs

of discourse-specific strategies, it is these. Hemispherists are, by definition, better at metacognition than 'patients' or 'students', and are liable to use their awareness of their cognitive style to devise study approaches which work for them. For example, Robert used his holistic thinking ability to focus on the concepts behind laws (as presented in lectures), rather than reading about them; Eliza used colourful concept maps; Rachel sought out three-dimensional anatomy models.

Being a 'campaigner' is in itself a strategy for survival in HE. Lance believed that he could do himself justice more effectively with oral assessment, at least through the marking of his essays for content rather than language. His aim for the student Dyslexia Society was as much to lobby for this as to provide mutual support.

One reason for the lack of clear discourse-specific study strategies may lie in the pursuit of the same approach for different reasons. For example, a student who adopts a 'patient' discourse might write 'I am dyslexic' on his/her work in order for his disability to be recognised, whereas a 'campaigner' might do so in order to raise awareness of the number of dyslexic students at the University, or to claim his 'right' to non-penalisation for language errors. (This contrast was exemplified by informants Jeremy and Lance.) Again, a 'patient' might use voice-activated word processing in the belief that s/he needed this because of a deficiency in typing skills, but a 'hemispherist' would embrace such technology because of an awareness that speaking aloud enabled him/her to maintain a focus on the global concept rather than spelling. (This contrast was in turn exemplified by Ann and Robert.)

The vignettes given in section 11.8 above provide a rapid overview of example informants who represent each of the four discourses of dyslexia identified. The case studies in Appendix I are intended to make available fuller pictures of the learning life histories of these students.

11.11 Another example of categories of dyslexic HE students

Kurnoff (2000) interviewed 142 dyslexic people in the USA, ranging in age from primary school to University, asking them to talk about their feelings about dyslexia as well as about their coping strategies. The tone of Kurnoff's book may be exemplified by the following, taken from the start of a section entitled 'Crisis Strikes:'

"Your child has dyslexia." Four simple words. Four words loaded with emotion (op. cit.:15).

Most of Kurnoff's informants are reported as talking of 'having dyslexia' or being 'learning disabled'. The tone of the book is however very positive about what dyslexic people can achieve, albeit expressed from an essentialist stand-point.

In terms of the present study, it is interesting that 47 of Kurnoff's respondents were 'college students', and that she divided these into four categories, presented as *'themes that best categorise their responses'*:

- 'conventionalists', who follow the advice of learning support units very closely rather than creating personal strategies, and claim every special assessment arrangement possible
- 'low profilers', who do not disclose that they are dyslexic, associate with learning support units or claim special arrangements
- 'independents', who rely on their own coping strategies and make special arrangements on an informal basis
- 'pragmatists', who *'try to strike a balance between special accommodations and personalised coping strategies'* (op. cit.:232).

These categories are not divided by their discourses of dyslexia, but by their responses to it. There are however some parallels with the discourses of dyslexia reported here. Kurnoff's 'conventionalists' have something in common with the 'student' discourse, in that some of them are reported as aware of IQ/attainment discrepancy. (Nevertheless, all of Kurnoff's categories are 'students', to the extent that they seem to regard dyslexia as entirely an academic matter.) Some of her 'pragmatists' sound like 'hemispherists', in that they see themselves as looking at the world 'differently' and processing information 'unconventionally' (ibid.:242). Some of her 'independents' resemble 'campaigners' when they make

statements such as 'choose your battles wisely' (ibid.:285) and 'advocate for yourself' (ibid.:289).

Kurnoff's book is very much in the West Coast self-help book tradition, replete as it is with exhortations such as 'dream the impossible dream' and 'feel the fear and do it anyway'.

11.12 Summary of the Chapter

Looking back at the pathway typology proposed at the beginning of Chapter 8, the present Chapter has shown how many of the themes found in Chapter 2, i.e. models of dyslexia going back 100 years, are found in the discourses of dyslexia which influence contemporary Higher Education students. They may have been exposed to these discourses in childhood; they were offered them by a variety of significant others, including family members and teachers, as well as by the 'media' and by University publications. The most influential person in this respect is however the EP, who is endowed with the power officially to identify a person as dyslexic. This status means that when the EP's report contrasts the subject with the norm, that subject is likely to feel authoritatively (and immutably) labelled as abnormal.

Definitions of dyslexia lead to discourses of it, which in turn affect these people's sense of self and identity. Internalisation of such discourses influences their affective and social responses to the label. For those identified before admission to HE, the various discourses are likely to influence their routes to University; once identified after admission, the University experiences of all are modified by the discourse of dyslexia which they adopt.

The following final Chapter will revisit the research questions and sum up the results of the study. It will then offer conclusions, implications and recommendations.

Chapter 12 : Conclusion and recommendations

12.0 Introduction

In Chapter One, it was stated that the intention of this research is to increase understanding of dyslexia and to produce insights which may help Universities to work with such students. A secondary aim was also stated, namely to contribute to the debates about academic literacy and special educational needs.

This Chapter will return to the research questions and summarise the findings. It will then outline the new account of dyslexia which is proposed as an implication of these findings, and link this with models of learning support and of academic literacy. Finally, the Chapter will make recommendations for the Higher Education sector and for further research.

12.1 How do students who have been identified as dyslexic define dyslexia and describe their own experience of it?

The title of this section is the first of my research questions set out in section 5.9. In Chapter 1, I stated that my intellectual puzzle included an interest in finding out whether students identified as dyslexic see dyslexia in the same way. There is a theme which united informants, and it was that of difference: they saw themselves as unlike the majority of their peers. Many of the patterns set out in Table 8.1 contain the same core element: *'It's my problem'*. An important concomitant of these patterns is the assumption that the academy's procedures are unquestionable, particularly in respect of academic literacy (Lea and Street 2000) (see section 2.5 above). The combination of these two elements is exemplified by the belief: *'I did badly in the examinations because I am dyslexic'*. Stage three of the pathway model given in Figure 8.1 (and explored in Chapters 9 and 10) sets out some of the affective consequences of such internalisation of an essentialist model of dyslexia, poor social and academic self-esteem being among them.

However, informants diverged markedly from each other in the ways in which they interpreted that essential difference. To 27% of this cohort, dyslexia was a biologically based deficit, deficiency or dysfunction. They experienced this as a disability. 36% focused their definition on the discrepancy they noted between their sense of intelligence and their academic achievements; most of this group tried to place dyslexia firmly within the realm of academic work, unrelated to other aspects of their lives, but some of them also used medical language about it at times.

To the 24% who saw dyslexia as a matter of cognitive style and who were aware of having what are often described as strengths as well as weaknesses (Krupska and Klein 1995; Gilroy and Miles 1996), it was an attribute with which they felt relatively at ease. This group again used medical language occasionally, but to a much lesser extent than the previous group; they were in the process of reframing their experience (Gerber et al. 1996). The final 12% were different from all the others in that they took an overtly political stance regarding dyslexia: they saw themselves as members of a group which needed to engage in a struggle with the academic establishment. This did not mean that they were all completely at ease with the idea of being dyslexic; they saw themselves as disadvantaged and stigmatised, and as having to struggle to succeed academically.

There were two noticeable factors which applied to those informants who had been identified as dyslexic at school: most of them adopted the 'student' discourse (seeing dyslexia as related only to their academic lives), and most of them had approached University admission confidently. I interpret these factors as implying a relatively long period of exposure to adults who not only confirmed the application of the label dyslexic to them, but also supported their academic self-esteem.

Those who had not been identified at school had nevertheless seen themselves as 'different' during compulsory education. They had reached this conclusion through a combination of academic failure and being given other labels, such as 'lazy' and 'stupid'.

Despite their different discourses of dyslexia, these informants had much in common in terms of their University experience. Again, the unifying theme was 'difference'. 'Patients' and 'students' tended to see this difference as focused on a defect in themselves, whereas 'hemispherists' and 'campaigners' were more positive about their own strengths and more critical of their Universities' learning and teaching approaches.

12.2 How do the various influences which have been brought to bear on these students impact on their sense of identity and self-concept?

The title of this section is the second of my research questions set out in section 5.9. Answers to that question will be summarised in this and the subsequent two sections.

27% of informants had been labelled as lazy at school, and 54% had been called unintelligent. Some of those continued at times to doubt their ability to study as a result; they certainly approached their first formal assessment for dyslexia (if carried out in adulthood) with trepidation. Those who had been identified as dyslexic while at school had had several years in which to internalise being different as a core element of their self-concept; those whose EP's reports were deemed to be out of date had had to repeat this experience in order to claim the DSA.

The nature of the 'difference' which applied to these informants brings us to another element which they all had in common: the difference constituted a problem for them, a difficulty or set of difficulties which lay within them. The range of influences which had inculcated this view in the informants included family members, teachers, peers and the 'media', as well as EPs.

Dyslexia was often explained to informants in terms of weaknesses in brain functions. Their comments about their own perceived deficiencies sometimes demonstrated a discrepancy between their 'ideal self', 'actual self' and 'ought self' (Singer 1993). This is exemplified in the account of Alice in Appendix I, who attributed her mental breakdown to dyslexia.

It might also be posited that most informants at times adopted an experiential perspective (Stevens 1996b): in HE, they were having to construct themselves as students from day to day, and often conceived of this process in a bi-polar way ("she is good at essay structure, I am not")(Kelly 1955). An existentialist experiences dread in the face of an apparently indifferent universe, and anxiety about the choices necessary in order to achieve meaning (Deurzen-Smith 1988; Blackburn 1996); it may not be an exaggeration to suggest that a dyslexic student experiences such dread in the face of an apparently indifferent academy.

From the perspective of life-span psychology (Erikson 1968), a typical 18 year-old entrant to HE is confronting the developmental tasks of late adolescence, including separating from family and establishing his/her own identity. This means that the experience of being formally identified as dyslexic, with the concomitant report which specifies cognitive and academic weaknesses, is likely to lead to that identity including a sense of being flawed. The resultant self-concept then contains an element of poor academic self-esteem, and this sometimes leads to poor social self-esteem as well.

One of the formal rituals of adolescence identified by Erikson (1968) is graduation from high school. Mature students who enter HE via Access courses are likely to have left compulsory education with a sense of failure; thus taking a degree may contain an element of unfinished business.

Younger informants' families were, unsurprisingly, major influences on their sense of identity. In contrast with those who reported teachers as telling them they would never succeed, many spoke of parents who encouraged them to persevere, paid for private tutors and put pressure on schools to help them. This had two main outcomes in terms of identity: either 'I have a problem for which I need special help' or 'I am different, but I can do it'. -

In spite of the dominant role of EPs in the process of formal identification of dyslexia, all of these informants had not been assessed by one. The reason for this was that Burtonforth University used a lecturer in Psychology to carry out these assessments. However, the outcome in terms of informants' sense of self was the same: people who represented 'abstract expert systems' (Giddens 1991)

had pronounced upon them. As set out in Chapter 8 above, the experience of formal assessment was similar for most in two major ways: they had been advised that assessment was necessary because they had a problem, and they feared that the verdict would be 'not dyslexic, just unintelligent'. The way in which the assessment process was handled by these psychologists varied in two ways. Some were communicative during the session and explained the procedure and its significance, but some were not; the verdict of some may be summarised as 'you have a defect and special arrangements will have to be made for you', and that of others as 'you are different from the majority but there are ways in which you can succeed'.

If communication from psychologists of all types emphasised that informants were different, the same can be said of comments by teachers and lecturers. Those who were simply critical of informants' performance and those who suggested assessment for dyslexia were expressing the same fundamental view: that the 'problem' lay within the student.

Material about dyslexia seen and read by informants in the press and on television supported the deficiency discourse. The tabloid press continues to use the expression 'word blindness', even though the dyslexia profession abandoned it many years ago. Journalists are inclined to seek 'human interest' stories, and 'tragic child struggles with disability' makes an attractive headline. Since the interviews for the present study took place, there has been some media exposure of people labelled dyslexic who are professionally successful, including coverage of their cognitive strengths. However, no informants referred to any such positive images.

As stated in section 4.6 above, informants were searching for meaningfulness and autonomy. Mature students, as Ivanic (1998:9) states, constitute a new population which may '*present a challenge to the dominant values, practices and discourses of the institution of higher education*'. She adds that they may '*feel alienated and devalued within the institution of higher education. Their identities are threatened*'. Ivanic also points out that entry into higher education raises identity issues because it involves a new social context. She is concerned with students who have difficulty with academic writing, and describes the writing of

an academic essay as foregrounding issues of difference and self-presentation, in other words activities which help to define the boundaries between one identity and another. These comments could equally apply to dyslexic students, of any age.

12.3 Informants' routes to University

Those who approached admission to HE with most confidence, overall, were the 'students'. The 'student' discourse of dyslexia centres for many on IQ/attainment discrepancy, one implication of which is that the person has been formally declared to be intelligent. The other key element of the 'student' discourse is that dyslexia does not affect a person's life outside of academic matters; an implication of these two factors is 'I am a successful person, I am bright, I just have this difficulty which I need help with'. The relatively long history of extra teaching hours and extra time in examinations which these 'students' tended to have (because of their early identification as dyslexic) supported the development of that self-image. 58% of this group stated that members of their families were dyslexic; in some cases therefore, the label was not a shock. It is also noticeable (see Table 11.7) that all but one of the informants who had received extra teaching hours were 'students'; if well delivered, this is likely to have boosted their academic self-esteem.

'Patients' tended to lack confidence about admission to HE, because their academic self-concept was focused on their deficiencies. Although only three of the 'patients' had been formally identified as dyslexic during compulsory education, most of the others had considered the possibility before admission, in three cases during their Access courses. The only 'patient' who seemed to have approached admission to HE confidently was the only member of that group to refer to dyslexic family members; although she was not assessed until she was 19, she had a matter-of-fact attitude to dyslexia.

As a group, the 'hemispherists' (like the students) approached HE with more confidence than the 'patients'. Although only three of them had been assessed during compulsory education, they were a relatively older group and as such had had more time to enjoy successful work experiences through their self-

knowledge. The average age of the hemispherists was 30, compared with the students' 26.

The 'campaigners' were the youngest group (average age: 25). I have stated above that all but one of this small group *developed this discourse of dyslexia* after admission to HE. However, Table 11.7 shows that with one exception, they approached HE with determination. The exception (Patrick) was not only the informant who had received individual learning support for the longest period, but also the only informant who had been given this on a 'remedial' basis (i.e. on the assumption that he was 'slow' and needed extra teaching, not from a discourse of dyslexia).

12.4 Does their self-concept impact on their academic progress?

In common with many students, a view of academic life as a struggle was expressed by most informants. However, the cohort as a whole was united not only by a feeling of difference, but also by the linking of this difference with the need for greater exertion towards academic goals than their peers. In other words, regardless of their discourse of dyslexia, many informants seemed to approach academic life with a lack of confidence which was linked to their belief that the cards were stacked against them. (Those who did not share this view were the 'students' who had received several years of individual dyslexia support at school.)

Many informants made inconsistent statements related to their self-concepts, which showed that maintaining a positive approach to academic life was difficult. An example of this is Eliza who, although she had been identified very early and given a great deal of emotional and learning support (and spoke in a self-assured manner about her study strategies), also told me that she was '*never going to be as good as the other students*'. -

There may be a fine dividing line between a practical strategy and an approach which reveals poor academic self-esteem. For example, attending a lecture without taking notes may indicate metacognition as regards a preference for concentrating on the overall picture; if it is accompanied by tape- or minidisk recording, such an indication may be confirmed. However, it may also be

accompanied by apologetic borrowing of another student's notes, or self-critical thinking in the light of other students' ability to listen and take notes simultaneously.

A small number of informants told me that they would have opted for different courses had they not been dyslexic. Others believed that their grades were lower than they would have been, for the same reason. Students identified as dyslexic have been told that they have a deficient ability to use language, particularly its written and printed forms. HE is centred around written and printed language; as Fairclough (1989) points out, language and power are related. Within the academy, power is wielded by those who have facility in conventional academic writing (Street and Street 1991; Lea and Street 2000). Nationally, many courses which emphasise non-written assessment (such as Fine Art) are attended by relatively high percentages of dyslexic students (Morgan and Klein 2000). The cohort in the present study did not exemplify this, but many of them spoke of writing repeated drafts of essays and of being highly self-critical of their writing ability.

12.5 Limitations of the study

For reasons set out in section 6.7 above, this study does not claim generalisability. It is limited to the experiences of 32 students and one tutor from four Universities who, while they spoke openly and at length, were not intended to be representative of all dyslexic students. They had not only been identified as dyslexic, but had also involved themselves with their University learning support systems – i.e. they were not among those who choose to keep their identification to themselves.

The original data are now slightly 'old', having been generated in 1996. However, contact has been maintained with many informants by telephone and e-mail; up-to-date information on them is given in Appendix VII, showing their progress since their interviews and their current views on dyslexia, where available.

The opportunity to study EPs' reports on informants was valuable. However, only 66% of informants chose to give me copies of their reports; it would have been

better to present this request to them in advance as part of the procedure. Yet, as Chapter 8 has shown, formal identification as dyslexic is such a powerful moment in terms of identity that disclosure of the report constitutes real self-exposure; seen in those terms, the percentage who made that disclosure may indicate trust in me generated by the interview process.

In psychodynamic terms, there was probably some degree of transference taking place in most of the interviews (Kahn 1991). My desire and ability to form a relationship with my informants was both a strength and a weakness in terms of methodology: in Rogerian terms, I was congruent in the interview relationship (Rogers 1951), and this drew powerful data from informants, but it may also have meant that occasionally, an informant spoke more than s/he would otherwise have done about a topic because s/he sensed my connection with it (Fontana and Frey 1994; Collins 1998).

There remains the issue of the 'special' nature of the experience of students who are identified as dyslexic: can the data generated with the present informants truly be differentiated from the experiences of most undergraduates? Embarking upon HE can be a time of great anxiety for many (Raaheim and Wankowski 1991; Peelo 1994). Ross (1996) gives numerous examples of ways in which any student can suffer a crisis of confidence through academic- and identity-related problems. Rana et al. (1999) propose that there are increasing levels of psychological disturbance among all HE students. Ross (1996:516) presents his own feelings as a new undergraduate: *'I often despaired at my inability to master material quickly, and there was so much of it'*. However, the continuation of Ross's anecdote exemplifies the difference between him and a student identified as dyslexic. He went to see his tutor, who told him not only that he himself had had the same worries as an undergraduate, but that he still frequently felt the same way. Ross (ibid.:516) tells us: *'I had been made to feel I shared an "insider's" secret which conferred a sense of belonging on me'*. It is precisely this feeling of belonging which the label dyslexic denies, since it identifies these students as different. The only informants who reported experiences with a tutor which were at all similar to that of Ross were those at Spenceton who had seen the dyslexic staff of the learning support unit; nevertheless, while they felt understood, the 'belonging' involved membership of a group of 'outsiders'.

12.6 Relationship between this study and other work in the field

The work of Riddick and her colleagues (Riddick et al. 1997; Riddick et al. 1999) has appeared since this study was begun. Their 1997 publication was based upon a research project which differed from this one in three major ways: it was a controlled study, it used a battery of tests and tasks as well as interviews, and it involved only 16 dyslexic students from the same University, of whom only 9 interviews are reported. On the other hand, within that group the cohort includes students from a range of backgrounds, of a range of ages and studying a variety of courses, as does mine.

Appendix XVIII lists twenty-four of the conclusions reached by Riddick et al. 1997, with comments comparing them with the present study. Sixteen of these conclusions are clearly confirmed by the present study, and a further three are partially confirmed (for example, by one discourse group only). Perhaps the most striking conclusions of Riddick et al. (1997:164), in the present context, are that *'the concepts of dyslexia held by all these individual students are quite varied'*, and that they see it as something constitutional, and themselves as different.

One finding of Riddick et al.'s which the present study does not report is that it was the older subjects who spoke of humiliation by teachers and being labelled as lazy. Riddick et al. propose that there should be further research into the relationship between different types of ability and types of learning; it seems that this might benefit the compulsory sector as well as HE. They add that further research should be carried out in HE regarding the types of support which would benefit individuals with a variety of learning difficulties.

12.7 What is the value of the discourse concept for students?

The label 'dyslexic' offers students an explanation for their 'problems', but it was hard for 'patients' and 'students' to make sense of their overall experience because they held very cognitive views. For example, those such as Victoria who were frustrated by their inability to do themselves justice (as they saw it) in academic assessments, were convinced of the essentialist view that the reason for this lay within a defect in their own mental processes. They tended to be left

with their frustration and anger, because they accepted both this 'absolute' and another: the seemingly immutable nature of the academy and its procedures.

Students who overcome their 'difficulties' often do so by re-framing them (Gerber et al. 1996). The hemispherists and campaigners showed evidence of this. For example, Eliza said:

You do things differently, and you do them in different ways, and you have your own ways of doing them, but you'll get there in the end.

Reframing for a campaigner is likely to be more about adopting a different view of dyslexia than a different view of the self. Mel said:

I'm not even convinced that dyslexia is going to stay as dyslexia

and also:

somebody will decide that we need all the cognitive styles or whatever, that they're useful and a balanced society is going to get somewhere.

Informants from all four discourse groups were claiming the Disabled Students' Allowance. This, the principal funding mechanism for learning support for home students (as opposed to internationals), by definition involves accepting the label 'disabled'. As stated above, two of the discourses ('patients' and 'students') basically regard their difference as constituting a defect. 'Patients' (such as Chuck) have no difficulty with the name of the DSA, as they frequently use the term 'disability' to describe dyslexia. 'Students' may be uncomfortable with the name (as was Susan), but regard it as a means to a legitimate end: the levelling of the academic playing field. For the other two discourses, who may have a more positive view of their difference, the 'means to an end' factor remains prominent. In the case of 'hemispherists' (such as Robert), ICT equipment offers an attractive means of working in a manner which suits their cognitive style, such as on-screen concept mapping (also used by Ron) and voice recognition word-processing (used with enthusiasm by Robert). 'Campaigners' expressed somewhat conflicting views about the DSA. Those (such as Aarti) who accepted a disability model found it easy to claim it; Lance, who refused to regard himself as defective, adopted an approach which might be summarised as 'I'll claim whatever I can off them, to compensate for the problems they have caused me'.

12.8 What is the value of the discourse concept for the academy?

Awareness of the range of discourses of dyslexia allows one to recognize the stance of an author. It has already been pointed out in Chapter 2 that historically, literature on dyslexia has used a variety of models. Since the present study was begun, probably the most significant publication about dyslexia in HE has been the report of the NWP (Singleton ed. 1999); awareness of discourses of dyslexia permits one to observe the tension in this report between the disability model (dyslexia as a 'condition') and acknowledgement of the potential strengths of dyslexic people (a tension which probably resulted from the 14-strong size of the working party).

Teaching and learning in HE today involves a wider range of types of student than ever before (Jary and Parker, 1998; Preece et al. 1998). Numbers of students identified as dyslexic are increasing steadily (Singleton and Aisbitt 2001).

Retention of, and attainment by, the latter can surely be improved by awareness of the fact that they regard dyslexia in a range of ways. However, probably more important is the way in which the academy itself regards dyslexia. Herrington and Hunter-Carsch (2001:121) review models of dyslexia, and state:

We consider that it is not helpful to view dyslexia through a narrow lens of 'in-person' weakness. We prefer a broader framework.

Elements of this proposed framework include taking '*full account of the disabling effects of some ideas embedded in the culture about literacy and intelligence/educability*' (ibid.: 121).

Examining the 'culture' of HE brings us to ways in which what might be termed 'mainstream' learning and teaching concepts are linked with the dyslexia-related issues raised by the present study. It has been observed in Chapter 2 above that the holist-serialist dualism (Pask 1976) is not a new concept. Manuals for University teachers (Cowan 1998; Fry et al. 1999) frequently enjoin lecturers to take account of the range of learning styles which any group of students will inevitably include. Entwistle (1988) refers to the potential contrast between a teacher's habitual mode of information processing and those of his/her students.

The present study not only underlines this, but also demonstrates two aspects of dyslexia: it is far from unidimensional, but addressing it need not be seen as any more demanding than established good practice.

De Montfort University has a 'Vision' of good practice which includes the intention to be a University which promotes inclusion and meets the aspirations of a diverse student body. No doubt the authors of this statement were referring to students from diverse ethnic and socio-economic backgrounds, as well as those admitted via 'non-traditional' academic routes. By focusing on the identity and sense of self of students identified as dyslexic, the present study has shown that they are as diverse (and intensely aware of the fact) as members of any of the above groups. Furthermore, the current system for assessing these students as dyslexic, as described by informants, serves to emphasise their sense of difference (and in many cases, deficiency). Yet by facilitating those informants to explore their learning life histories and experiences of HE, this research implies that although an essentialist model of dyslexia prevails in the teaching and educational psychology professions and in University learning support departments, many students succeed in maintaining some positive academic self-esteem (although a significant number do not).

Although this study focuses on students from only four Universities, it found marked inconsistencies between them as regards the way *dyslexia was identified*, provision of learning support and academic assessment. There has since been evidence (Singleton ed. 1999, Sanderson and Pillai 2001, Hunter-Carsch and Herrington 2001) that this situation has not greatly improved. In section 1.7, I stated that the purpose of my research was not only to increase understanding of dyslexia, but also to produce insights which may help Universities to work with students identified as dyslexic. I suggest that my investigation offers a new way of looking at dyslexia and dyslexic students: a move away from the cognitive emphasis which is so widespread. Much of the literature, and reports by EPs, assumes that dyslexia is a unified concept and that readers will be in agreement as to the model being used. This study has shown not only that there is a range of models of dyslexia, but that HE students may adopt one of several different models for themselves. The study has discovered that, in the course of being identified as dyslexic and through exposure to a range of influences, the

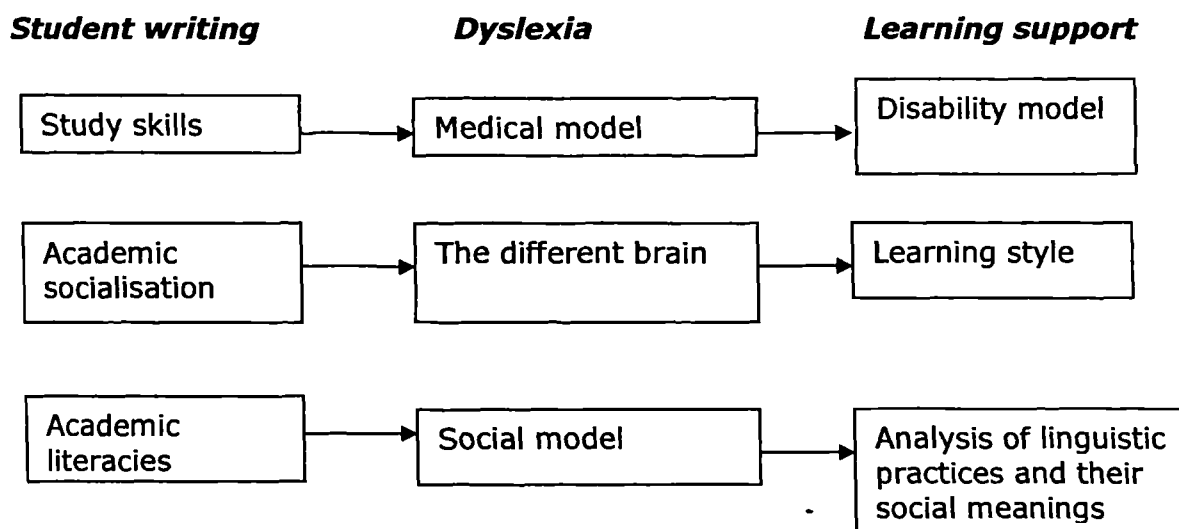
informants developed discourses of dyslexia which included ideas and beliefs regarding its effects and the nature of academic life.

12.9 Implications in terms of academic writing

Academic writing was not a specific focus of my research questions; it was however pointed out in section 1.6, and more extensively in section 5.1, that it has powerful links with identity (Ivanic and Simpson 1992; Ivanic 1998).

Almost all the present informants spoke of struggling with academic writing. At the end of Chapter 2, it was noted that Lea and Street (2000) set out three models of student writing. It is useful to explore these models in the context of dyslexia, because there are links not only between them and discourses of dyslexia, but also between the latter and approaches to learning support. Students' sense of self is centrally involved in the writing process, as the literature and research data set out above make clear. This perspective is set out in the following diagram:

Figure 12.1: Relationship between models of student writing, dyslexia and learning support



Lea and Street describe the 'study skills' model of student writing as viewing problems with student learning as a kind of disorder within the student which needs to be treated. Publications which adopt this model tend to present studying as a matter of technical skill; one states that '*studying is a skill, not a body of knowledge*' (Williams 1989:(x)). The assumption made by this model of academic

writing is that language is primarily a matter of grammar, spelling and punctuation, with these as '*autonomous, nonsocial qualities*' (Street & Street 1991:152) and essay-writing a further set of discrete skills. If a student lacks these, s/he needs to be 'cured'.

The medical model of dyslexia (or the 'patient' discourse) similarly locates any problem as lying within the student. From the earliest references to it (Kussmaul 1878; Berlin 1887; Morgan 1896) to more recent times (Critchley 1970; Hornsby 1984; Snowling 2000), dyslexia has consistently been represented as a biological deficit. The National Working Party on Dyslexia in Higher Education describes it both as a 'condition' and as a 'syndrome' (Singleton ed.1999).

In terms of models of learning support in higher education, the model which equates to the medical discourse of dyslexia is the disability model, in which students who need support are seen as having a disability which makes higher education inaccessible to them (Oliver 1988; Singleton ed. 1999). The funding of learning support in higher education is currently arranged, for those who qualify for it, by means of the Disabled Students' Allowance or DSA (DfES 2001). Many Universities place learning support staff within a Disability Unit (or department with a similar title); one of the London Universities has a 'Dyslexia Clinic'. Information published for dyslexic students which adopts this model will often refer to 'students with dyslexia' as if it were a disease, and inform them of the need for a 'diagnostic assessment'. The medical model of learning support tends to treat it as an exercise which takes place in isolation, with little or no liaison with a student's course tutors or subject context, although sometimes students prefer this (Keim et al. 1998). Informants at Axbridge and Burtonforth Universities were clearly experiencing this model.

Universities which have refined their definition of 'study skills' have begun to focus more on student adjustment to learning or interpretation of the task of learning (Lea and Street 2000). Peelo (1994:74) uses this model; she describes a tutor marking an essay as '*a representative of an academic readership*', and states that '*the finished product must look like what passes for communication within that discipline*'. This is what Lea and Street call '*inculcat(ing) students into a new "culture," that of the academy*' (Lea and Street 2000:34). The academic

socialisation model, in focusing on the role of a student's learning strategies or style in the process of acculturation into academic discourse, parallels the discourse of dyslexia which sees it as a 'difference', or a constitutional developmental pattern of learning which does not favour an easy acquisition of fluency in symbolic material. Informants who were 'hemispherists' were identifying with this discourse of dyslexia, and spoke of their learning strategies in terms of 'study skills'.

As seen in Chapter 2, most discourses of dyslexia have in common the concept of particular difficulty with symbolic material, most notably the written and printed word. University study operates almost entirely through the medium of the written and printed word. In 1996, what was then known as the Higher Education Quality Council produced a 'paper to stimulate discussion' on the 'attributes of gradueness' (referred to in 2.5 above). This lists:

(...) ancillary qualities that would be expected of a graduate, but which had not previously been regarded as the responsibility of higher education to teach. These ancillary qualities would be likely to include such things as the ability to write in grammatically acceptable and correctly spelt English (...) (HEQC 1996:para. 14).

In addition:

There seem to be irresistible arguments that no-one should graduate who lacks such ancillary skills (ibid.:para 15).

This would seem to conflict with the Dearing Report's recommendation that there should be increased access for students with disabilities (among which it included dyslexia), combined with the availability of learning support in order for such students to graduate (Dearing 1997). The report of the NWP states that

A tension still exists between the concerns of quality and of access, and (...) this tension is heightened when it comes to participation of students who are likely to have poor literacy skills (Singleton ed. 1999:18).

The academic socialisation model of academic literacy treats writing as a 'transparent medium of representation' (Lea and Street 2000:35), in much the same way that the HEQC document does. It thus fails to address the issue of

literacies as social practices. Lea and Street assert that under the academic literacies model, student writing and learning are seen neither as matters of skill nor of socialisation: they are viewed as taking place within institutions whose academic practices are founded both on power and on discernible discourses of literacy and knowledge-making. When literacy is seen as a social practice, or rather a variety of social practices, then the kind of literacy which is demanded in educational institutions becomes simply one variety, albeit one which is accorded supremacy (Street and Street 1991). In Universities which adopt what Street calls an autonomous model of academic literacy (Street 1984) – which seemed to apply to all four of the Universities where the present research was conducted – students are expected to master a range of linguistic and communicative practices for different settings and purposes. The academic literacies model thus operates at the levels both of epistemology and of identity (Brodkey 1987).

The word 'discipline' is certainly well chosen, if 'correctness' in grammar, spelling, referencing and so on are seen as controlling and potentially discriminatory:

Insistence on correctness has a regulatory function in that it limits both the possibilities and the desire of many ordinary people to use writing to express their views (Clark and Ivanic 1997:215).

The concept of the expression of views brings us back to identity:

A student's personal identity – who am I? – may be challenged by the forms of writing required in different disciplines (...), and students may feel threatened and resistant – 'this isn't me'. (Lea and Street 2000:35).

I suggest that Lea and Street's proposition, although it applies to all students (dyslexic or not), is particularly relevant to those who have not only been labelled dyslexic, but have also adopted a 'hemispherist' discourse of dyslexia with its concomitant awareness of preferring non-linear thought. Mature students (strongly represented among my informants) may be in the process of changing their identity as they try to become members of an academic community, and this may conflict with other aspects of their identity (Ivanic 1998). Ivanic suggests that most mature students '*are outsiders to the literacies they have to control in order to be successful in higher education*' (Ivanic 1998:68); this self-

perception may be said to apply to most students identified as dyslexic, and was expressed by the majority of informants in the present study.

What discourse of dyslexia, then, matches the academic literacies model of student writing and University study? The head of the Computer Centre for People with Disabilities (University of Westminster) recently wrote:

In terms of the social model of disability, I have always regarded the brain functions associated with dyslexia as part of a perfectly normal variation in the population, but the English language as a social factor 'disabling' dyslexics in much the same way as stairs inhibit those in wheelchairs (Laycock 2001)

In the present study, it was overwhelmingly the 'traditional' student group (i.e. those who had been admitted via A Levels) which provided the most confident espousers of dyslexia as part of the normal spectrum of human brain development.

Learning support approaches which adopt an academic literacies stand-point centre on supporting a student's self-awareness and sense of identity. All students need some degree of metacognition (thinking about how they think, learning about how they learn) in order to succeed, but those who are different from the main-stream need a particular degree of awareness of their own cognitive style (Krupska and Klein 1995; Given and Reid 1999). However, the difference between this and the 'academic socialisation' model (which involves concepts such as 'deep' and 'surface' learning) lies in the analysis of the University as a site of discourse and power. This is not a new concept; an earlier study (Ramsden and Entwistle 1981) found that University departments perceived as '*allowing freedom in learning*' had students with '*an orientation towards personal meaning in their studies*'. Wankowski (Raaheim et al. 1991:109) adds that there should be a '*feeling of mutuality in the social transaction of learning*' and '*the feeling of approval and recognition from another human being*' (ibid.:117).

Learning support tutors who are aware of the academic literacies debate can encourage students to maintain a sense of self in their writing even while obeying the conventions of their subject (Creme and Lea 1997). Critical language

awareness (see Appendix III) plays a role here (Clark 1992). The model of learning support adopted in De Montfort University's Student Learning Advisory Service (in press) involves listening to a student's ideas and working towards a way of putting them into an essay which feels right for him or her; this often includes acknowledgement of the validity of his/her natural sense of these ideas as a two- or three-dimensional pattern, and the fact that the hegemony of standard academic practice means that they must be shoe-horned into a linear order. This process implicitly requires counselling skills in staff working with such students, a fundamental element being the need to let the student know that s/he has been heard and understood. It is also possible to deploy counselling skills to facilitate a student's private challenge to the disability model of dyslexia, even though under the present system s/he may have to accept it publicly in order to obtain funding for learning support via the DSA (DfES 2001).

Learning support is an area where students' experiences can be very variable (Sanderson and Pillai 2001). There is clearly a great deal of emotional content to learning support; as Peelo (1994) points out, the first task is often to confront the issue that special arrangements (such as extra time in examinations) may feel like 'cheating' (Peelo 1994). Next, when examining learning styles and time management on a one-to-one basis, material about a student's domestic life inevitably comes up and this needs sensitive treatment (Raaheim et al. 1991). A mature student may have children to look after as well as a job to cope with, and as the type of brain currently labelled 'dyslexic' runs in families, one of the children might have been so identified as well.

Morgan and Klein (2000) suggest that students' self-esteem can be markedly improved by helping them to see the extent to which their previous teachers were partly responsible for their educational failures. The interview process for the present study may have facilitated this for some informants; it can certainly form a valuable part of early individual learning support work.

Under a social model, learning support tutors aim to help students to accept the person they are and what they can do, as well as what it is not worth trying to do. In some ways, this may be particularly successful when the support tutor identifies herself as dyslexic, which was the case at both Belleville and Axbridge

Universities; students were able literally to identify with the tutors. (When the tutor encourages an 'us and them' attitude, or a 'we dyslexics against the world' approach, s/he is adopting a 'campaigner' discourse; this implies the caveat that if the tutor is dealing with her personal issues by making a 'mission' out of dyslexia, a student who is inclined towards such a discourse may be made angrier, which might not always be a positive development.)

Ways in which lecturers can help dyslexic students are summarised from a disability perspective in the report of the NWP (Singleton ed.1999). What the present study suggests is the following: noting the fact that a clear finding is that most informants took a very cognitive view of dyslexia, and that either by their statements or by the implications of those statements it seemed that reframing their self-concepts and view of dyslexia would be difficult for them, a way forward is to adopt a social constructionist view of dyslexia. This allows for a match between dyslexia and models of academic writing and learning support, as set out in this section.

12.10 Recommendations

The informants in the present study made, between them, the following proposals to the academy:

- A) screening of all students for dyslexia on admission
- B) electronic identification as dyslexic on the student library card
- C) all lecturers being informed as to which students are dyslexic
- D) staff development about dyslexia for all staff (including support staff)
- E) provision of information such as computer suite instructions in audio format
- F) provision of study skills advice on floppy disk or CD
- G) lectures not only to be well structured but also for this structure to be made very clear, ideally with diagrams .
- H) use of technology such as CD ROMs to provide large numbers of practice questions and glossaries of terms
- I) provision of full lecture hand-outs, with space for annotation
- J) greater use of assessed presentation, including discussion

Reference will be made to these under Recommendation E below. At this point, it may be observed that the first four items focus on dyslexic students as different; they invite the University to seek out and emphasise this difference. The remaining suggestions, given that they are inclusive of a range of learning styles, amount to no more than good practice. They do of course have cost implications, but this may arguably be offset by improved retention and better student results (Cottrell 2001).

The following recommendations are proposed as implications of the present study:

A) Discourses of dyslexia should be questioned and reappraised

There are no discourse-specific pedagogical responses suggested by the data. Nevertheless, the likelihood that most of the 2% of HE students formally identified as dyslexic in 2000 (Singleton and Aisbitt 2001) see themselves as academically flawed, and in many cases medically so, has consequences for the sector. At the time of writing, some HEIs (for example Kingston and Sunderland Universities) are beginning to add dyslexia policy statements to the disability statements required by the DDA; that is considered the logical place for such material, because dyslexia is at present legally defined as a disability. The present study implies that a move away from this model towards a genuinely inclusive policy as regards students with 'different' approaches to learning should be considered.

Awareness of discourses of dyslexia would potentially empower students, by helping them to question the ways in which they have been described in assessment reports. Such awareness would also be likely to lead to successful metacognition, as a result of the analysis of the definition of dyslexia which forms part of the scrutiny of discourse; metacognition can be seen as essential for all students (Hunter-Carsch 2001).

Awareness of discourses of dyslexia would also potentially strengthen the work of learning support tutors. Detailed attention to students' own accounts is necessary not only for studies such as the present one, but also for learning support (and

ideally for all personal tutors and mentors). The job of a learning support tutor must be the integration of the cognitive, affective and social dimensions (see 10.2.3. above) and facilitation of the student's analysis of his/her own discourse of dyslexia. Re-framing of the dyslexia concept by students corresponds with social construction of it; academic guidance should address affective and social aspects, because learning support will not be effective if based only on the cognitive. As Peelo points out, '*the process of learning is emotional*' (Peelo 2000a:5).

I give the following extended quotation from Herrington and Hunter-Carsch (2001:121), because it admirably sums up the case for a revision of the discourses of dyslexia at present espoused by the HE sector:

In summary, we consider that it is not helpful to view dyslexia through a narrow lens of 'in-person' weakness. We prefer a broader framework which:

- *draws on research from many disciplines and traditions*
- *reflects an integrated holistic view of the learners and deeper models of the mind*
- *takes full account of the disabling effects of some ideas embedded in the culture about literacy and intelligence/educability*
- *adopts a more open-minded and exploratory approach to unravelling the broader parameters of thinking and learning styles of this kind.*

B) Physiological aspects such as vision must be taken into account

33% of the present informants reported the effects of Meares-Irlen syndrome (see Appendix XVII). Induction and/or key skills screening exercises should include awareness-raising material about visual disturbances (because many students assume that everyone has the same experience, and hence do not talk about it). HEIs should have staff available who can not only screen students for coloured overlays but also provide them, and details of local specialist optometrists should be available to students.

C) Funding for learning support

The present study did not set out to investigate funding. It has nevertheless shown that one effect of the current learning support system in HE is to uphold an essentialist view of dyslexia. The remedial response of learning support departments experiencing funding pressures was clearly experienced by many informants, confirming their sense of 'otherness'. Furthermore, claiming DSA funding (which Universities insist that dyslexic students must do) involves not only accepting the label 'dyslexic' but also linking it with disability.

The DfES should reconsider the funding approach to learning support, which both identifies dyslexic students as disabled and penalises those who do not qualify for the label, because they cannot demonstrate an IQ/attainment discrepancy (Herrington 2001b).

D) Discourses of academic literacy should be questioned and re-appraised

Chapters 8 to 11 are replete with references to informants' struggles to be writers. If literacy practices are situated, then 'academic literacy' is one variety among many. It is probable that most HEIs adopt what Street calls an autonomous model of student literacy (Street and Street 1991), assuming that concepts such as 'argument', 'structure' and 'clarity' in writing are not only givens, but essential. If this is questioned, and the variety of literacy practices which diverse students bring with them into HE is accepted and welcomed, it follows that the concept of 'deficits' and 'difficulties' is challenged.

The portfolio is often proposed as a flexible alternative to the essay (Winter 2000). However, if the creation of an overall synthesis of the content is not specified, it can be lacking in academic rigour. Winter suggests what he calls the 'patchwork text' (ibid.), a coursework format whereby a variety of types of writing is built up during a course, including analytical commentary. A key aspect of this proposal, in view of the need for students to feel a sense of ownership of their writing (Benson et al. 1994), is the way it includes the author's voice and perspective. Learning and teaching approaches which are helpful to dyslexic students are often put forward as potentially beneficial to all (Singleton 1999;

Morgan and Klein 2000; Cottrell 2001); in the case of 'patchwork text', the process would seem to have potential in the reverse direction.

Academic literacy is not however simply a matter of writing. Although many adults identified as dyslexic are efficient readers, for the majority reading remains a laborious way of obtaining information, as many informants in the present study indicated. Yet the two main study-related assumptions of the traditional HEI remain that a student (of Humanities or Social Sciences at least) must be able to assimilate information by rapid reading and express his/her ideas by essay-writing (often under time pressure in examinations). The present study has shown that informants often avoided reading, or at least were aware that they did so with less efficiency than their peers. At the very least, key texts and sections thereof should be identified (Cottrell 2001). Furthermore, consideration should be given to the provision of information in audio format, on video-tape and on floppy disk or CD (one of the benefits of which is that students can use screen-reading software).

Just as in society in general, literacy can be understood as a set of social practices, with different literacies correlated with different areas of life (Barton and Hamilton 1998), so academic literacy has the potential to be construed in more than one way. Looking at academic literacy as a social practice helps to integrate the cognitive, affective and social aspects of academic study.

As a minimum, *'it should at least be possible to make explicit the language, literacy and cognitive paradigms in use in each discipline'* (Herrington and Hunter-Carsch 2001:125). Other aspects of courses should be made explicit: these include the basic knowledge and performance or skill levels required for a course, how the course will be assessed and what alternative forms of assessment are feasible (Cottrell 2001).

The topic of academic assessment raises another area which should be made explicit: what exactly are the key assessment criteria for a course? Is writing style an essential learning outcome? Accommodating learning difference is a potentially challenging concept for lecturers, in that it calls upon them to re-visit such topics. (This throws light on the attraction of a 'remedial' model of dyslexia,

whereby the 'problem' is one for the defective student and not one for the course.) As the Code of Practice of the Special Educational Needs and Disability Act (SENDA)(HMSO 2001) makes clear, there are limits to what can be accommodated; for example, a journalism course is entitled to decline a place to an applicant who cannot write grammatically correct English at speed. Accommodating learning difference does not mean that any student is entitled to take any course. But making admissions and marking criteria very clear is beneficial to all (Cottrell 2001).

E) Models of learning support should be questioned and re-appraised

Figure 12.1 above set out a way of looking at the relationship between models of student writing, of dyslexia and of learning support. Returning to the proposals made by informants (listed at the beginning of this section), it will be observed that items A to C are based on an essentialist model of dyslexia. Item D might be re-phrased to read 'staff development work focused on the range of student cognitive styles'; while informant recommendations such as items G and I amount to no more than good practice for any lecturer, greater awareness of the variety of learning styles would be likely to lead to item J. Meanwhile, dyslexia remains a legally recognised disability, and the terms of the SENDA mean that HEIs will be obliged to adopt procedures along the lines of informant recommendations F and H in any case.

Current practice in most HEIs (including the four where the present informants were studying) includes treating dyslexia as a special need requiring special provision. This has two main disadvantages. Firstly, it disempowers both the student (as having a 'defect') and the lecturer (as not being a 'specialist' in this disability). The second disadvantage follows from the latter point: dyslexia support is seen as the province of a separate department (Student Services, the Learning Development Centre) and not as part of the responsibility of primary course deliverers.

Re-examination of the location of this responsibility involves re-visiting the learning outcomes of courses, a process which (if it is to result in genuine inclusivity) should include re-consideration of the status of rapid reading and

linear essay-writing within the particular course. In other words, Faculties (many of which are subject to problems of student retention) would benefit from examining their models of academic literacy.

Meanwhile, many students (whether or not identified as dyslexic) will continue to need academic guidance. The present study has revealed that the Universities attended by informants held an essentialist view of dyslexia: that it is a problem for and within the student. An effective response to the existence of a range of discourses of dyslexia is to adopt an analytical and holistic approach to academic guidance (Herrington 2001b), whereby students identified as dyslexic are actively engaged in '*dialogue about their styles of thinking, learning and writing*' (ibid.:173) and discussion of the discourse of dyslexia which they adopt.

Herrington and Hunter-Carsch (2001:127) propose that the development of policies and practices relating to teaching and learning support involves:

- *The recognition of learning diversity*
- *The allocation of continuing professional development time to allow teachers to advance their(...) knowledge and skills in relation to (...) learning difference (...).*

Just as a social model of physical disability (Oliver 1988) does not deny that there is anything different about a disabled person, a social constructionist model of dyslexia does not deny that there is a recognisable type of brain, which is currently labelled 'dyslexic'. I have worked with too many such people over the last 28 years to make such a denial. But the spirit of the SENDA (HMSO 2001) is clear: educational institutions shall not, by their practices, disable students who are not able to access their courses by conventional means. In my opinion, this is social constructionist legislation. It also, in its very title, differentiates between a 'special educational need' and a 'disability'. This contains a message for those Universities, in my estimation the vast majority, which construe dyslexia as one among a range of disabilities and locate provision for dyslexic students within a Disability Unit.

F) Reframing the concept of dyslexia

Recommendation D included the suggestion that regarding academic literacy as a social practice helps to integrate the cognitive, affective and social aspects of academic study. This viewpoint has a further potential benefit: it may remove the need to identify particular students as 'dyslexic'. Herrington (2001a) suggests that a focus on literacy in relation to dyslexia distracts from awareness of its non-literacy parameters such as alternative patterns of perceiving, thinking and learning (Davis 1995; West 1997). The views of 'hemispherists' in the present study show that such re-framing of the dyslexia concept can benefit students identified as dyslexic; re-framing of the concept by the University has the potential to enrich the curriculum for all students (Herrington and Hunter-Carsch 2001).

Herrington also points out that *'much of the suffering endured by dyslexic adults stems from how (their) difficulties are, or have been, viewed by others* (Herrington 2001b:170, my emphasis). This resonates with the present study's findings regarding discourses of dyslexia, and with the discussion of social construction. The social element of the triangle of cognitive, affective and social factors includes social construction (incorporating identity). It may be that the disability aspect of dyslexia is socially constructed (Barnes and Mercer 1996).

A psychosocial perspective on dyslexia (Hunter-Carsch 2001) involves a recognition of the relationship between cognitive and affective factors within it (Vail 2001). Informants in the present study reported feeling misunderstood by a range of significant people in their lives, from family and peers to teachers and tutors, and were clear about the effect of the concomitant emotions on their ability to learn.

Cottrell (2001) points out that issues associated with dyslexic students, such as copying from overheads quickly, note-taking skills and concentration, can arise for many. Students may *'lack the knowledge base which is necessary to distinguish the 'gist' or the key points of a lecture or text'* (ibid.:233), and those who are doing long hours of paid work or looking after dependents may also 'drift off' in lectures. *'What helps a dyslexic student in such circumstances tends also to*

serve a wide range of students who have not been identified as having a particular need. Often the help required is little more than good practice in teaching' (ibid.:233). This might include giving an overview of a topic at the beginning (particularly in diagrammatic form, as several informants stated) and providing 'gapped' handouts. Informants' comments on their Universities' approaches to learning and teaching (10.2.1.2) imply the old adage: 'If he can't learn in the way you teach, teach him in the way he learns'.

G) Routes to University

Cottrell (2001:235) suggests that some course leaders have what she calls '*an antiquated notion*' of what a typical student should be like, rather than realistic awareness of the actual people arriving on the course. Those people are more likely to find a good match between their expectations and those of the course tutors if the admissions, performance and assessment criteria are made very explicit, as stated above. This applies to all students, but it may be that preparation for HE is particularly important for those labelled dyslexic. Many informants in the present study arrived at University without knowing what to expect, or with false notions of what was to happen. A common assumption of students on Access courses is that the level of learning support in FE (often at least a weekly individual tutorial) will be maintained in HE from the start. This is where bridging courses, provided either in FE or by Universities, can play a valuable part; some are already taking place, but this practice should be widely extended.

Citro (2001) proposes a range of questions for a 'learning disabled' student to ask him- or herself before entering HE, including 'is college right for me?' Pisha (2001) enjoins a potential student to '*learn as much as you can about yourself as a learner*' (Pisha and Ruzic 2001). Both these are realistic suggestions. Given the present position in HE in the UK, i.e. the hegemony of the autonomous model of academic writing and the prevalent disability model of dyslexia, it is also probably realistic of Pisha to add:

(...)you are going to have to work much harder than many of your peers who do not share your individual array of strengths, weaknesses, blessings and curses. Get down, get a grip, get used to it, and get a clear picture of reality (ibid.: 141).

I hope that in due course, students will no longer be labelled dyslexic or 'learning disabled' and will no longer be faced with this dispiriting prospect.

12.11 Recommendations for further research

This study has shown that students identified as dyslexic have a great deal of information to offer the HE sector. There remains however a lack of research which is focused on their voices. A much larger study than the present one, covering a wide range of types of University, centred on the cognitive, affective and social aspects of life there for students with this kind of learning 'difference' and including both academics and students as informants, would potentially result in further insights into:

- The way such students think and learn
- The emotional aspects of being labelled and of studying in HE
- Experiences of being assessed, both for dyslexia and academically
- Alternative approaches to learning and teaching by the sector.

The present study was confined to students who had not only been formally identified as dyslexic, but had also chosen to involve themselves with Student Services or Learning Support. Investigation of those who choose not to seek identification and/or not to seek the DSA or learning support would also be valuable.

It would also be informative to investigate Universities themselves with regard to their models of academic writing and learning support, in the light of the inclusivity and widening participation agenda.

12.12 Afterword

In Chapter 1, I posed the question: Can the learning life histories of students who regard themselves as dyslexic throw light on the meaning of dyslexia in HE today? This research has shown that they can. The subject of dyslexia has been shown to be much more than a disability matter: it enters the learning and teaching, inclusivity and widening participation agendas.

In sections 2.5 and 12.5 above, I referred to the HEQC paper on 'graduateness' (HEQC 1996). Jary and Parker (1998:21) see this as a potential barrier to expansion and widening participation, and cite 'academic oligarchy' as a vested interest set against social demand for HE. They are writing about a broad inclusivity agenda, but their standpoint is relevant to the matter of dyslexic students. *Dyslexia, whether defined as a neuropsychological 'condition' or as part of the natural spectrum of human brain development, confronts academic autonomy and oligarchy as clearly as any other aspect of the debate about widening participation.*

This research implies that the 'disability' of dyslexia is largely socially constructed. I use the word 'largely' because, as informant Ann's remarks about memory (Box 10.1) imply, there is more to the pattern of brain functioning known as dyslexia than academic study aspects alone. However, those academic study aspects bring us to the other area with which the present study has shown dyslexia to be linked: the debate about 'academic literacies' (Street 1984, 1991, 1994; Lea and Street 2000; Herrington 2001b). Lea and Street (2000) conclude that the very notion of a learning support unit implies that students lack skills, and ignores their interaction with institutional practices. They add that for students, their own identity as writers is important; furthermore, is knowledge 'transferred', or 'constructed through writing practices'? (Lea and Street 2000:45). These issues

*are located in relations of power and authority and are not simply reducible to the skills and competences required for entry to, and success within, the academic community(*ibid.:45).

West (1997) proposes that eventually, reading and writing themselves will come to be seen as the skills of a medieval clerk, as advancing technology changes the cognitive make-up of dyslexic people from an apparent deficit to a positive advantage. Meanwhile, we have large numbers of people who are struggling to find a sense of identity as students in higher education; many are dealing with being 'mature', with being 'non-traditional' in background and with being dyslexic, and frequently with all three (as was the case with most of my mature informants). The concept of 're-framing' learning difficulties/dyslexia by the individual, referred to in sections 2.4, 4.6, 8.1 and 11.13 above (Gerber et al. 1996), involves *'reinterpreting the learning disability experience in a more productive and positive manner'* (ibid.:98). Maybe the way forward lies in reframing by the University: a move away from labelling the student as having a 'problem' to seeing any such 'problem' as one for the institution. As Morgan and Klein put it:

In response to the widening access to further and higher education, all teachers need to re-evaluate their approach to teaching to accommodate larger numbers of students with a wider range of individual needs (Morgan and Klein 2000:137).

These sentiments are supported by Singleton et al. (2001), as quoted in Chapter 3 above:

Dyslexia support is an equal opportunities issue. Dyslexic students (...) need access to the learning methods that will enable them to use unorthodox learning approaches. (...) A level playing field should be provided (Singleton et al. 2001:5).

The precise definition of the word 'level' and ways to achieve it remain controversial. This thesis is intended to make a contribution to the debate.